2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P94000049832

1. Entity Name
J & A, INC., OF TALLAHASSEE

FILED
05 DEC 14 PM 4:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
6403 WOODVILLE HWY. TALLAHASSEE, FL 32305	6403 WOODVILLE HWY. TALLAHASSEE, FL 32305

08242005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-3264779 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

WELDON, ALLEN
6403 WOODVILLE HWHY/
TALLAHASSEE, FL 32305

7. Name and Address of New Registered Agent

Name Brian Weldon
Street Address (P.O. Box Number is Not Acceptable) 6403 Woodville Highway
City Tallahassee FL Zip Code 32305

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Brian Weldon 12-12-05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Amended AR is $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WELDON, ALLEN 6403 WOODVILLE HWY. TALLAHASSEE, FL 32305	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D, Pres. Brian Weldon 6403 Woodville Hwy Tallahassee, FL 32305	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D, VP Heath Weldon 6403 Woodville Hwy Tallahassee, FL 32305	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	900062161309 12/14/05--01044--006 **70.00	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Brian Weldon 12-12-05 850-421-6872
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #