


**2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Feb 07, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # S28815**  
 1. Entity Name  
**KJ HOLDINGS, INC.**



Principal Place of Business Mailing Address  
**C/O KATHLEEN WYNN JONES** **C/O KATHLEEN WYNN JONES**  
**17090 ROCKRIDGE RD** **17090 ROCKRIDGE RD**  
**POLK CITY FL 33868** **POLK CITY FL 33868**



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

1st MOORE CR2E034 (10/05)

4. FEI Number **65-0255167** Applied For  
 Not Applied For  
 5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**JONES, KATHLEEN W**  
**17090 ROCKRIDGE RD**  
**POLK CITY FL 33868**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P O Box Number is Not Acceptable)  
 City **FL** Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST JONES, KATHLEEN WYNN 17090 ROCKRIDGE RD POLK CITY FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add U00000424737 02/18/06-80064-016 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V JONES, TUDOR W 17090 ROCKRIDGE RD POLK CITY FL 33868 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:** Kathleen Wynn Jones **1/26/06** (963) 858 25  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #