2006 FOR PROFIT CORPORATION ANNUAL REPORT

ANNUAL REPORT Jan 09, 2006 08:00 AM **Secretary of State DOCUMENT # 174962** 1. Entity Name JENNINGS & JENNINGS, INC. Principal Place of Business Mailing Address 1032 WILFRED DR 1032 WILFRED DR ORLANDO, FL 32803 ORLANDO, FL 32803 01062006 No Cha-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number Not Applicable 59-0914797 \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent DO NOT WRITE JENNINGS, JOHN C III 1032 WILFRED DR ORLANDO, FL 32803 IN THIS SPACE 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 _____Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITI F JENNINGS, MARGARET M NAME STREET ADDRESS 1032 WILFRED DR ORLANDO, FL CITY-ST-ZIP U00000379700 01/10/06-80033-012 150.00 VPD TITLE JENNINGS, JEFFREY K. NAME STREET ADDRESS 1032 WILFRED DR. CITY-ST-ZIP ORLANDO, FL TITLE NAME JENNINGS, JOHN C. III 1032 WILFRED DR. STREET AODRESS DO NOT WRITE ORLANDO, FL CITY-ST-ZIP IN THIS SPACE TITLE STREET ADDRESS CITY -ST - ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 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 tent.

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

IIGNATERE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

1-6-2006

407-896-8181

Daytime Phone #

FILED
