2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 308629

1. Entity Name
SPRINKEL-ALL OF JAX, INC.

Principal Place of Business

9790 HISTORIC KINGS RD
JACKSONVILLE, FL 32257   US

Mailing Address

P O BOX 24957
JACKSONVILLE, FL 32241-4957 US

DO NOT WRITE IN THIS SPACE

03312006   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
59-1149000	Not Applicable

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

6. Name and Address of Current Registered Agent

NORDI R. WILLIS
5285 LOURCEY RD.
JACKSONVILLE, FL 32257

DO NOT WRITE 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)   DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

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

10.   OFFICERS AND DIRECTORS

TITLE	PST
NAME	NORDI R. WILLIS
STREET ADDRESS	5285 LOURCEY RD.
CITY-ST-ZIP	JACKSONVILLE, FL

U00000539532
05/09/06-80105-006 150.00

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing 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.

SIGNATURE: _Nordi R. Willis_   Nordi R. Willis   4-10-06   (904) 262-1957

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #