2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 411164

FILED Jan 18, 2007 Secretary of State

Entity Name: THOMAS E. JENKINS AND ASSOCIATES, INC.

Current Principal Place of Business: New Principal Place of Business:

123 N. WAUKESHA ST

BONIFAY, FL 32425 US

2400 JENKINS ROAD
BONIFAY, FL 32425 US

Current Mailing Address: New Mailing Address:

123 N. WAUKESHA ST. PO BOX 326

BONIFAY, FL 32425 US BONIFAY, FL 32425 US

FEI Number: 59-1411576 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

JENKINS, THOMAS E

123 WAUKESHA ST

BONIFAY, FL 32425 US

JENKINS, THOMAS E

2400 JENKINS ROAD

BONIFAY, FL 32425 US

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.

SIGNATURE: THOMAS E. JENKINS SR. 01/18/2007

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Name: JENKINS, THOMAS E SR Name: JENKINS, THOMAS E SR

Address: 123 N. WAUKESHA ST. Address: PO BOX 326

City-St-Zip: BONIFAY, FL 32425 US City-St-Zip: BONIFAY, FL 32425 US

 $\label{eq:title:V} {\sf Title:} \qquad {\sf V} \qquad {\sf () Delete} \qquad \qquad {\sf Title:} \qquad {\sf V} \qquad {\sf (X) Change () Addition}$

Name:JENKINS, THOMAS E JRName:JENKINS, THOMAS E JRAddress:123 N. WAUKESHA ST.Address:2910 BONIFAY BRITTANY ROAD

City-St-Zip: BONIFAY, FL 32425 US City-St-Zip: BONIFAY, FL 32425 US

Title: ST () Delete Title: ST (X) Change () Addition

Name: JENKINS, VONZIE B Name: JENKINS, VONZIE B

Address: 123 N. WAUKESHA ST. Address: PO BOX 326

City-St-Zip: BONIFAY, FL 32425 US City-St-Zip: BONIFAY, FL 32425 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS E. JENKINS SR P 01/18/2007