2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT #842957

1. Entity Name

JORDAN, JONES & GOULDING, INC.



Principal Place of Business

3300 PGA BLVD

605

PALM BEACH GARDENS, FL 33410

Mailing Address

6801 GOVERNORS LAKE PARKWAY

SUITE 200

NORCROSS, GA 30071

FILED
Jair 17, 24006, 08:00 AM
Secretary of State
JAN 0 6 2006



DO NOT WRITE IN THIS SPACE

01042006

No Chg-P

CR2E034 (11/05)

4. FEI Number 58-0907412 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HABECKER, ERIC J 3300 PGA BLVD. SUITE 605 PALM BEACH GARDENS, FL 33410

DO NOT WRITE IN THIS SPACE

•	ions of registered agent.				
SIGNATURE	Signature, typed or printed name of registered agent and title d	applicable (NOTE Registered Agent signs	ature required when ininstaling)	DATE	
FIL	E NOW!!! FEE IS \$150.00 by 1,.2006 Fee will be \$550.00	9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees		\	
10.	OFFICERS AND DIREC	CTORS		र विश्व र≛ रेस रिंग रेस रेगर	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEOP ALLEN, DONALD R. 6801 GOVERNORS LAKE PKWY NORCROSS, GA. 30071				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GOULDING, RANDOLPH 6801 GOVERNORS LAKE PKWY NORCROSS, GA 30071			//00000397498 01/19/06-80042-006 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD CLARK, EDWARD A 6801 GOVERNORS LAKE PKWY NORCROSS, GA 30071		DO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BUTTON, CHARLES A 6801 GOVERNORS LAKE PKWY NORCROSS, GA 30071		IN T	HIS SPACE	
TITLE NAME STREET ADDRESS	TS BERLIN, SHIRLEY B 6801 GOVERNORS LAKE PKWY				

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

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

CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

NORCROSS, GA 30071

Shirly Boll-W

6/06 678-

128-333-0260