

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 24, 2006 8:00 am**  
**Secretary of State**

05-24-2006 90008 039 \*\*\*150.00

**DOCUMENT # F05000000956**

1. Entity Name  
**CIRCLE J, INC.**



Principal Place of Business  
**160-1 BLOUNTSTOWN HWY  
TALLAHASSEE, FL 32304**

Mailing Address  
**160-1 BLOUNTSTOWN HWY  
TALLAHASSEE, FL 32304**

**20046372**



2. Principal Place of Business  
**4699 NORTH MONROE**  
Suite, Apt. #, etc.

3. Mailing Address  
**4699 NORTH MONROE**  
Suite, Apt. #, etc.

05232006 Chg-P CR2E034 (11/05)

City & State  
**TALLAHASSEE FL**  
Zip  
**32303** Country  
**US**

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**TALLAHASSEE FL**  
Zip  
**32303** Country  
**US**

4. FEI Number  
**64-0879578** Applied For  
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**JINKS, DENNIS  
160-1 BLOUNTSTOWN HWY  
TALLAHASSEE, FL 32304**

7. Name and Address of New Registered Agent

Name  
**JINKS, DENNIS**  
Street Address (P.O. Box Number is Not Acceptable)  
**4699 NORTH MONROE**  
City  
**TALLAHASSEE FL 32303**

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 **Dennis Jinks** **PRESIDENT** **5/23/2006**  
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  
Due by September 6, 2006**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JINKS, DENNIS A 1708 A CROWDER RD TALLAHASSEE, FL 32303	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP JINKS, PATRICIA A 396 DRAGSTRIP RD AIKEN, SC 29803	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JINKS, DENNIS A. 34 WHITE TAIL DR CRAWFORDVILLE FL 32327	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP JINKS, PATRICIA A 34 WHITE TAIL DR CRAWFORDVILLE FL 32327	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **Patricia A. Jinks** **PATRICIA A. JINKS VP 5/23/06 850-595-9177**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #