

FILED
Jan 23, 2006 08:00 AM
Secretary of State

DOCUMENT # F44789

1. Entity Name

J & J OF NORTHWEST FLORIDA, INC.

Principal Place of Business

C/O JOHN L BURKHEAD MT CARMEL RD
6100 TRAVIS BYNUM RD PO BOX 666
JAY FL 32565

Mailing Address

C/O JOHN L BURKHEAD MT CARMEL RD
6100 TRAVIS BYNUM RD PO BOX 666
JAY FL 32565

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2130676

Applied For

Not Applicable

5. Certificate of Status Desired

8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BURKHEAD, JOHN L
5188 PITNIC RD
JAY FL 32565

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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
Make Check Payable to Florida Department of State

9. Election Campaign Financing

Trust Fund Contribution

5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

DP

BURKHEAD, JOHN L

5188 PITNIC RD

JAY FL 32565

Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

DP

BURKHEAD, JOHN L SR.

5188 PITNIC RD

JAY FL

Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

MV

BURKHEAD, JOHN L JR.

6150 TRAVIS BYNUM RD.

JAY FL

Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Delete

TITLE

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Delete

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 the empowered.

SIGNATURE:

1-18-06

850-675-4678