

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 28, 2007 8:00 am
Secretary of State

02-12-2007 90103 032 ***150.00

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 - No P.O. Box # Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 59-2130676	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				Applied For Not Applicable	
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 <u><i>John L Burkhead Sr.</i></u> DATE <u>2/2/07</u> Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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	☐ Change ☐ Addition
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	☐ Change ☐ Addition
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	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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 info empowered.					
SIGNATURE: <u><i>John L Burkhead Sr.</i></u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				<u>2-26-07</u> <u>850-6754678</u> Date Daytime Phone	