

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F44789

**FILED**  
**Jan 11, 2011**  
**Secretary of State**

**Entity Name:** J & J OF NORTHWEST FLORIDA, INC.

**Current Principal Place of Business:**

C/O JOHN L BURKHEAD MT CARMEL RD  
6100 TRAVIS BYNUM RD  
JAY, FL 32565

**New Principal Place of Business:**

**Current Mailing Address:**

C/O JOHN L BURKHEAD MT CARMEL RD  
6100 TRAVIS BYNUM ROAD  
JAY, FL 32565

**New Mailing Address:**

**FEI Number:** 59-2130676

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BURKHEAD, JOHN L  
5188 PITNIC RD  
JAY, FL 32565 US

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

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: DP  
Name: BURKHEAD, JOHN L  
Address: 5188 PITNIC RD  
City-St-Zip: JAY, FL 32565

Title: DP  
Name: BURKHEAD, JOHN L. SR.  
Address: 5188 PITNIC RD  
City-St-Zip: JAY, FL

Title: MV  
Name: BURKHEAD, JOHN L. JR.  
Address: 6150 TRAVIS BYNUM RD.  
City-St-Zip: JAY, FL 32565

I hereby 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 all other like empowered.

SIGNATURE: JOHNNY BURKHEAD

VP

01/11/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date