2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 05, 2007 08:00 A Secretary of State

ANNUAL REPURI					Apr 03, 200 / 00:			
	JMENT # F990000029				Secre	etary of S		
1. Entity Nar J & A AII	me R SERVICES, INC.							
4830 VELA	ice of Business SQUEZ ST. A, FL 32504	Mailing Address 4830 VELASQUEZ ST. PENSACOLA, FL 32504		- 	316 Till 1811 881 881 88		SO TOKA NAN DIGEBUK ANDA	
DO NOT WRITE IN THIS SPACE			CE	03112007 No Chg-P CR2E034 (11/05) 4. FEI Number				
6. Name and Address of Current Registered Agent NETHERLAND, DONALD E 4830 VALASQUEZ ST PENSACOLA, FL 32504			DO NOT WRITE IN THIS SPACE					
8. The above the obliga SIGNATURE.	e named entity submits this statement for the st		ed office or register		oth, in the State of Flo	orida I am fa	miliar with, and accept	
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Finan Trust Fund Contribution.			ncing _ \$5 ,	00 May Be				
10: TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD NETHERLAND, DONALD E 4830 VELASQUEZ ST PENSACOLA, FL 32504 S	IECTORS			U0000 04/13/07)0692200 '-80041-) -003 150,00	
NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME	NETHERLAND, ROCKIE B 4830 VELASQUEZ PENSACOLA, FL 32504							
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP					NOT W THIS SF		· · · · · · · · · · · · · · · · · · ·	
NAME STREET ADDRESS CITY-S1-ZIP								
NAME STREET ADDRESS :							, .	

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 eath; that I am an officer or director of the corporation or the receiver or trustee shipowered to execute this report as required by Chapter 507, Borida 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:

ORE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

Date

Daytime Phone #