

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 02, 2006 8:00 am
Secretary of State

03-02-2006 90008 014 ***150.00

DOCUMENT # G75575

1. Entity Name
JORDAN AGENCY, INC.



Principal Place of Business
**203 E HOWARD ST
LIVE OAK, FL 32060**

Mailing Address
**203 E HOWARD ST
LIVE OAK, FL 32060**

DO NOT WRITE IN THIS SPACE



01062006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-2354502

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**JORDAN, JOSEPH A.
203 E. HOWARD ST.
LIVE OAK, FL 32060**

**DO NOT WRITE
IN THIS SPACE**

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.

Joseph A. Jordan
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**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **P**
NAME **TILLMAN, CARL B**
STREET ADDRESS **7020 137th Rd.**
CITY-ST-ZIP **LIVE OAK, FL 32060**

TITLE **VP**
NAME **JORDAN, JOSEPH**
STREET ADDRESS **3817 CR 249**
CITY-ST-ZIP **LIVE OAK, FL 32060**

TITLE **Sect'y/Treas**
NAME **TILLMAN, EMMA SUZANNE**
STREET ADDRESS **7219 137th Rd.**
CITY-ST-ZIP **Live Oak, FL 32060**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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:

C. Jordan
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-15-06

386-362-4724

Date

Daytime Phone #