2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 30, 2006 08:00 AN
Secretary of State

321-267-60/7 Daytime Phone #

1. Entity Nam	MENT # J14714 TERPRISES, INC.				Se	cretar	y of State
Principal Place 2135 MAYFA TITUSVILLE,		Mailing Address 2135 MAYFAIR WAY TITUSVILLE, FL 32796					- 11
DO NOT WRITE IN THIS SPACE 6. Name and Address of Current Registered Agent				01252006 4. FEI Number 59-267		CR2E034	
		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. SIGNATURE Signature, typed or printed name of registered agent and fille if applicable. (NOTE, Registered Agent signature required when reflictating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be							
After M	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00 OFFICERS AND DI	Trust Fund Contribution.		ed to Fees		-	
TITLE NAME STREET ADDRESS CITY-ST- AP TITLE	PD ATON, RICHARD L. 2135 MAYFAIR WAY TITUSVILLE, FL VD					ن ماند الماند ال	~
NAME STREET ADDRESS CITY-ST-ZIP	ATON, MARY LOU 2135 MAYFAIR WAY TITUSVILLE, FL				02/08/06 02/08/06	0407651 -8002 3-0	06 150.00
TITLE NAME STREET ADDRESS CITY+ST-ZIP	STD WILMS, DEBRA A. 2135 MAYFAIR WAY TITUSVILLE, FL			DO	NOT W	RITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN T	THIS SI	PACE	
THTLE NAME STREET ADDRESS CITY-ST-ZIP					 		
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
12. I hereby of indicated of the corchanged,	perify that the information supplied with the on this report or supplemental report is to poration or the receiver or trustee empower on an attachment with an address, with	is filing does not qualify for the exuse and accurate and that my signal ared to execute this report as required to execute this report as required the sike empowered.	emptions contained ture shall have the s ired by Chapter 607	in Chapter 119 same legal effec , Florida Statute	Florida Statutes. It as if made under s; and that my name	further certify to oath; that I am a se appears in Bl	hat the information in officer or director ock 10 or Block 11 if

SIGNATURE AND THE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: