2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 17, 2006 08:00 AN Secretary of State

| | Midda | - 1/-1 -1/-1 | | | <u>ra</u> in Page 1 to 3 to 3 to | TANT: I | E/ ₇ , ZOOO | OO.UUT |
|--|---|--|--|--------------------------|----------------------------------|---|--------------------------|-----------------|
| 1. Entity Nam | MENT # J29256 SYSTEMS, INC. | | | | | Se | cretary (| of State |
| Principal Place of Business Mailing Address | | | | | 7 | | | |
| 1420-C CESERY BLVD. | | | 1420-C CESERY BLVD. | | | | | |
| JACKSONVILLE, FL 32211 | | | JACKSONVILLE, FL 32211 | | | | | |
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| | <u> </u> | | <u> </u> | 1 - 1 - | | | | |
| 2. Principal Place of Business 3 | | 3. Mailing Address | Mailing Address | | | | | |
| Suite, Apt. #, etc. | | Suite, Apt, #, etc. | Suite, Apt. #, etc. | | - | OL D | GB0550 ((4)) | |
| | | | | | 01072006 | Chg-P | CR2E034 (11/05 |) |
| City & State | | City & State | City & State | | 4. FEI Number | | | Applied For |
| | | - , | | · · · · | 59-2708 | 182 | | Not Applicable |
| Zip | Country | Zip | Zip Country | | 5. Certificate o | f Status Desired | □ \$8.75 A | |
| 6. Name and Address of Current Registered Agent | | | | 7. Name and Address of I | | | | |
| | | Name | | | - | | | |
| | I, BRUCE M | | } | Street Address | (P.O. Box Number | in Not Assentable | <u> </u> | |
| 1420-C CI | | į. | Ollege Woolegs | (F.O. BOX Number | Is not Acceptable | " · · · | , e, e. | |
| JACKSONVILLE, FL 32211 | | | ſ | | | | | |
| | | | ł | City | | <u>, , , , , , , , , , , , , , , , , , , </u> | Zip Ci | pde |
| | | | <u>,,, </u> | | · - · | | | |
| 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. | | | | | | | | |
| "IO ODINGO | ions of rogistic ou agent. | | | | | | | |
| SIGNATURE | Signature, typed or printed name of registered age | THE PARTY OF THE P | Dankarad | , <u>ti</u> | | 4 7 1 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 | DATE. | |
| | Signature, lyned or printed mains or registered age | transition and appropriate | - registered | Agent signature require | o whore respectings | | , DAIL | أفتحت تعمسا |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Finan Trust Fund Contribution. | | | | ~ _ ~ | 5.00 May Be ded to Fees | | | |
| 10. | OFFICERS AN | D DIRECTORS | 11. | | _ ADDITIONS/C | HANGES TO OFF | ICERS AND DIRECTO | PRŞ IN 11 |
| TITLE | DP | ☐ Delete | TATE | | | | Chang | e 🔲 Addition |
| NAME | JOHNSON, MARGO | | NAME | | | | | |
| STREET ADDRESS | 3777 GURLEY RD. | | | T ADDRESS | | ຼັ່ ທິກກິກິດ |) <u>51357</u> 8 | |
| CITY- ST- ZIP | JACKSONVILLE, FL | · a. m | City- | ST-ZIP | | <u> </u> | -80 <u>135-011</u> | <u> 50.00</u> |
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| 性抗症 | JOHNSON, LORI L | | NAME | | | | |] |
| STREET ADDRESS | 5623 DICKSON RD. | | STREE | T ADDRESS | | | | |
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| CITY-ST-ZIP | | | CITY- | ST-ZIP | | | | 1 |
| 12. I hereby | certify that the information supplied w | ith this filing does not qualify for | the exe | mptions containe | ed in Chapter 119, | Florida Statutes. I | further certify that the | e information |
| of the cor changed, | on this report or supplemental repor poration or the receiver or trustee em or on an attachmont with an address | rish the and according and that it repowered to execute this report of s, with all other file empowered. | as requir | ed by Chapter 60 | 77, Florida Statutes | as " "ague under (; and that my nam | e appears in Block 10 | or Block 11 if |

SIGNATURE AND TYPED OR PHYSTED NAME OF SIGNING OFFICER OR DIRECTOR