2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

May 04, 2006 8:00 am Secretary of State DOCUMENT # J38721 05-04-2006 90514 001 *2,100.00 1. Entity Name JO ANN, INC. Principal Place of Business Mailing Address 4600 46TH AVE 4600 46TH AVE PO BOX 276 PO BOX 276 CORTEZ, FL 34215 CORTEZ, FL 34215 04282006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2819959 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent BELL, DOUGLAS DO NOT WRITE 8708 50TH AVE. W. BRADENTON, FL 34210 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. Lam familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing **\$5.00** May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2006 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS TITLE BELL, WALTER T. NAME 12115 45 AVE W. STREET ADDRESS CITY-ST-ZIP CORTEZ, FL TITLE NAME BELL, CALVIN E 12115 45 AVE W STREET ADDRESS CITY-ST-ZIP CORTEZ, FL TITLE NAME BELL, CARL D. STREET ADDRESS 8708 50 AVE W DO NOT WRITE CITY-ST-ZIP BRADENTON, FL TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

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.

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

941 794 124

FILED

Daytime Phone #