


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

5/1

FILED
Jun 09, 2006 8:00 am
Secretary of State

05-01-2006 90292 019 ***150.00

DOCUMENT # K35032 1. Entity Name J.H. ELKINS ENTERPRISES, INC.	
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Principal Place of Business 720 ST. JOHNS BLUFF ROAD NORTH #4 JACKSONVILLE, FL 32225 US	Mailing Address 720 ST. JOHNS BLUFF ROAD NORTH #4 JACKSONVILLE, FL 32225 US
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04082006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2909924	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

8. Name and Address of Current Registered Agent

ELKINS, J.H. JR.
720 ST. JOHNS BLUFF ROAD N.
#4
JACKSONVILLE, FL 32225

**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: _____ (NOTE: Registered Agent signature required when reappointing) DATE: _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS ELKINS, J. HAROLD, JR. 720 ST. JOHNS BLUFF ROAD N. #4 JACKSONVILLE, FL 32225
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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: J. H. Elkins 6-3-06 904997716 1
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #