2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 30, 2007 8:00 am
Secretary of State

05-04-2007 90091 026 ****50.00
05-30-2007 90006 016 ***100.00

DOCUMENT # K46763

1. Entity Name
J & J OF PENSACOLA, INC.

Principal Place of Business	Mailing Address
~~P.O. BOX 12530~~ ~~GULF BREEZE, FL 32562 US~~	~~P.O. BOX 12530~~ ~~GULF BREEZE, FL 32562 US~~

04162007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
6982 PINE FOREST Rd	6982 PINE FOREST Rd
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Pensacola FL	City & State: Pensacola, FL
Zip: 32526 Country: USA	Zip: 32526 Country: USA

4. FEI Number: 59-2917564 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HALL, JO A ~~913 GULF BREEZE PKWY~~ ~~#38~~ ~~GULF BREEZE, FL 32561~~	Name: MIAMI CENTER REGISTERED AGENTS, LLC Street Address (P.O. Box Number is Not Acceptable): 201 S. BISCAYNE BLVD SUITE 1700 City: MIAMI FL Zip Code 33131

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] 4/30/07
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, 2007 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PSTD HALL, JO A. ~~913 GULF BREEZE PKWY #38~~ ~~GULF BREEZE, FL~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	6982 PINE FOREST Rd PENSACOLA, FL 32526	☒ Change ☐ Addition
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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: Jo A Hall 4/17/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #