


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 31, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L11985</b> 1. Entity Name <b>B &amp; J JEWELRY &amp; LOAN, INC.</b>	
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Principal Place of Business <b>11233-14 BEACH BLVD. JACKSONVILLE, FL 32216 US</b>	Mailing Address <b>11233-14 BEACH BLVD. JACKSONVILLE, FL 32216 US</b>
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01192008 No Chg-P CR2E034 (11/05)

4. FEE Number <b>59-2964867</b>	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

**JACKMORE, EVELYN  
11233-14 BEACH BLVD.  
JACKSONVILLE, FL 32216**

**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 title if applicable.

(NOTE: Registered Agent signature required when renewing)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	<b>PST</b>
NAME	<b>JACKMORE, EVELYN</b>
STREET ADDRESS	<b>11233-14 BEACH BLVD</b>
CITY-ST-ZIP	<b>JACKSONVILLE, FL</b>
TITLE	<b>PST</b>
NAME	<b>JACKMORE, EVELYN</b>
STREET ADDRESS	<b>11233-14 BEACH BLVD</b>
CITY-ST-ZIP	<b>JACKSONVILLE, FL</b>
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/09/06-80007-014 150.00

**DO NOT WRITE  
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 807, 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:** *Evelyn Jackmore* **PRESIDENT**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

**904-642 7242**