



**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 11, 2006 08:00 AM
Secretary of State

DOCUMENT # L60803 1. Entity Name JCJ OF PINELLAS, INC.	
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Principal Place of Business % BRADLEY C. MULLINS 6800 SUNSHINE SKYWAY LANE ST PETERSBURG, FL 33711 US	Mailing Address % BRADLEY C. MULLINS 6800 SUNSHINE SKYWAY LANE ST PETERSBURG, FL 33711 US
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DO NOT WRITE IN THIS SPACE



05222006 No Chg-P CR2E034 (11/05)

4. FEI Number 39-1667915	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MULLINS, BRADLEY C.
6800 SUNSHINE SKYWAY LANE
ST PETERSBURG, FL 33711

**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 reinstating) DATE _____

FILE NOW!!! FEE IS \$550.00 Due by September 8, 2006	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000569222 07/11/06-80017-003 550.00
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MULLINS, JEROME J., SR. 401 N. CARROLL ST. MADISON, WI
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST MULLINS, CAROL M 401 N CARROLL ST MADISON, WI
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV MULLINS, JEROME J JR 6800 SUNSHINE SKYWAY LANE ST PETERSBURG, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: Carol M. Mullins, Carol M. Mullins 7/6/06 608-257-0681
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #