

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90310 036 ***150.00



DOCUMENT # M98183

1. Entity Name
 THE JOHN STOKES COMPANY

Principal Place of Business Mailing Address
~~10416 ALTA DRIVE~~ ~~10416 ALTA DRIVE~~
 JACKSONVILLE, FL 32226 US JACKSONVILLE, FL 32226 US
 2424 Lyndale Rd 2424 Lyndale Rd
 Fernandina Beach, FL Fernandina Beach, FL 32034



04042006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2974087	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

STOKES, JOHN L
~~10416 ALTA DRIVE~~
 JACKSONVILLE, FL 32226
 2424 Lyndale Rd
 Fernandina Beach, FL 32034

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: *John L Stokes*

4/20/06
 DATE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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	PD
NAME	STOKES, JOHN L
STREET ADDRESS	10416 ALTA DRIVE 2424 Lyndale Rd
CITY - ST - ZIP	JACKSONVILLE, FL 32226 Fernandina Beach, FL 32034
TITLE	VD
NAME	STOKES, DOROTHY B
STREET ADDRESS	10416 ALTA DRIVE 2424 Lyndale Rd
CITY - ST - ZIP	JACKSONVILLE, FL 32226 Fernandina Beach, FL 32034
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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 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: *Dorothy B Stokes*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/06 714-0490
 Date Daytime Phone #