


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 02, 2005 8:00 am**  
**Secretary of State**

02-02-2005 90047 026 \*\*\*\*61.25

<b>DOCUMENT # N00000006910</b>	
<b>1. Entity Name</b> JACKSON E. JONES LITTLE LEAGUE, INC.	

<b>Principal Place of Business</b> 1508 MISSISSIPPI AVE. LYNN HAVEN FL 32444	<b>Mailing Address</b> 1508 MISSISSIPPI AVE. LYNN HAVEN FL 32444
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<b>2. Principal Place of Business</b>	<b>3. Mailing Address</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



1st MOORE CR2E037 (10/04)

<b>6. Name and Address of Current Registered Agent</b>  MILLER, LEON 1508 MISSISSIPPI AVE. LYNN HAVEN FL 32444
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<b>4. FEI Number</b> 59-3569078	<b>Applied For</b> <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
<b>7. Name and Address of New Registered Agent</b>	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	Zip Code

<b>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.</b>	
<b>SIGNATURE</b> <i>Leon Miller</i>	<b>DATE</b> 1-31-05

<b>FILE NOW: FEE IS \$61.25</b> <b>Due By May 1, 2005</b>	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	<b>Make Check Payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
<b>TITLE</b> PD	<b>NAME</b> MILLER, LEON	<b>TITLE</b>	<b>NAME</b>
<b>STREET ADDRESS</b> 1508 MISSISSIPPI AVE.	<b>CITY-ST-ZIP</b> LYNN HAVEN FL 32444	<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>
<input type="checkbox"/> Delete		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
<b>TITLE</b> VPD	<b>NAME</b> BUMBREY, RICHARD	<b>TITLE</b>	<b>NAME</b>
<b>STREET ADDRESS</b> 723 HUNTINGDON ROAD	<b>CITY-ST-ZIP</b> PANAMA CITY FL 32405	<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>
<input type="checkbox"/> Delete		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
<b>TITLE</b> STD	<b>NAME</b> MILLER, LOIS	<b>TITLE</b>	<b>NAME</b>
<b>STREET ADDRESS</b> 1508 MISSISSIPPI AVE.	<b>CITY-ST-ZIP</b> LYNN HAVEN FL 32444	<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>
<input type="checkbox"/> Delete		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
<b>TITLE</b> BT	<b>NAME</b> PLUMMER, JOHN	<b>TITLE</b>	<b>NAME</b>
<b>STREET ADDRESS</b> 704 E PINE FOREST DR	<b>CITY-ST-ZIP</b> LYNN HAVEN FL 32444	<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>
<input type="checkbox"/> Delete		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
<b>TITLE</b> BT	<b>NAME</b> MATTHEWS, KEVIN	<b>TITLE</b>	<b>NAME</b>
<b>STREET ADDRESS</b> 7006 BENTON DR	<b>CITY-ST-ZIP</b> PANAMA CITY FL 32404	<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>
<input checked="" type="checkbox"/> Delete		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
<b>TITLE</b> BT	<b>NAME</b> DUREN, ROBERT	<b>TITLE</b>	<b>NAME</b>
<b>STREET ADDRESS</b> 1011 CONE AVE	<b>CITY-ST-ZIP</b> PANAMA CITY FL 32401	<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>
<input checked="" type="checkbox"/> Delete		<input type="checkbox"/> Change	<input type="checkbox"/> Addition

<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 617, 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.</b>	
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<b>SIGNATURE:</b> <i>Leon Miller</i>	<b>DATE</b> 1-31-05
<b>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</b>	<b>Daytime Phone #</b>