2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 08, 2006
Secretary of State

DOCUMENT# N05000012738

Entity Name: FLORIDA JUNIOR MISS, INC.

Current Principal Place of Business:

428 N JEFFERSON ST
PERRY, FL 32348

New Principal Place of Business:

Current Mailing Address:

P.O.BOX 1062
PERRY, FL 32348

New Mailing Address:

FEI Number: 20-4067681 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

OLCOTT, RICHARD
428 N JEFFERSON ST
PERRY, FL 32348 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: DP ( ) Delete
Name: OLCOTT, RICK
Address: P.O.BOX 1062
City-St-Zip: PERRY, FL 32348

Title: DV ( ) Delete
Name: KNOWLES, AMY
Address: P.O.BOX 1062
City-St-Zip: PERRY, FL 32348

Title: DV ( ) Delete
Name: NEWMAN, DEIDRA
Address: P.O.BOX 1062
City-St-Zip: PERRY, FL 32348

Title: D ( ) Delete
Name: KNOWLES, GARY
Address: P.O.BOX 1062
City-St-Zip: PERRY, FL 32348

Title: D ( ) Delete
Name: NEWMAN, RANDY
Address: P.O.BOX 1062
City-St-Zip: PERRY, FL 32348

Title: D ( ) Delete
Name: OLCOTT, REBA
Address: P.O.BOX 1062
City-St-Zip: PERRY, FL 32348

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: DV (X) Change ( ) Addition
Name: BISHOP, ALLISON
Address: P.O.BOX 1062
City-St-Zip: PERRY, FL 32348

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RICHARD L OLCOTT DP 03/08/2006

Electronic Signature of Signing Officer or Director — Date