

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 24, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # N05000012738**

1. Entity Name  
**FLORIDA JUNIOR MISS, INC.**



Principal Place of Business

**428 N JEFFERSON ST  
PERRY, FL 32348**

Mailing Address

**P.O. BOX 1062  
PERRY, FL 32348**



01192007 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**20-4067681**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

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

**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 reappointing)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP OLCOTT, RICK P.O. BOX 1062 PERRY, FL 32348
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV KNOWLES, AMY P.O. BOX 1062 PERRY, FL 32348
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV NEWMAN, DEIDRA P.O. BOX 1062 PERRY, FL 32348
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV BISHOP, ALLISON P.O. BOX 1062 PERRY, FL 32348
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NEWMAN, RANDY P.O. BOX 1062 PERRY, FL 32348
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OLCOTT, REBA P.O. BOX 1062 PERRY, FL 32348

U00000601124  
01/26/07-80036-020 61.25

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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 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.

**SIGNATURE:** *Richard L OLCOTT*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*1/20/07*

Date

*850.584.2745*

Daytime Phone #