


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 23, 2006 08:00 AM
Secretary of State

DOCUMENT # N98000004194 1. Entity Name JEFFERSON ARTS, INC.	
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Principal Place of Business 575 W WASHINGTON ST MONTICELLO, FL 32344 US	Mailing Address PO BOX 1115 MONTICELLO, FL 32344 US
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01122006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3453990	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 MOON, WILLIAM G 970 E PEARL ST MONTICELLO, FL 32344
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**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 terminating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

**Filing Fee is \$61.25
Due by May 1, 2006**

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	TD MILLER, JUDY 240 W WASHINGTON STREET MONTICELLO, FL 32344
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD VALDERRAMA, GAIL 322 DEER HAVEN MONTICELLO, FL 32344
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAVIS, JANE K 4776 LAKE RD MONTICELLO, FL 32344
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CLAYTON, REBECCA 960 WATER STREET MONTICELLO, FL 32344
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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01/27/06-80011-014 61.25

**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 Statute. 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: Judy F. Miller 119-06 9972646
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Judy F. Miller