2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N99000005540

1. Entity Name
J & J JONES, INC.

Principal Place of Business	Mailing Address
8117 RAMSGATE RD. JACKSONVILLE, FL 32208	8117 RAMSGATE RD. JACKSONVILLE, FL 32208

DO NOT WRITE IN THIS SPACE

04192006 No Chg-NP   CR2E037 (11/05)

4. FEI Number	Applied For
31-1675516	Not Applicable

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

6. Name and Address of Current Registered Agent

HUGGINS-JONES, ANN
8117 RAMSGATE RD.
JACKSONVILLE, FL 32208

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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)_

Signature, typed or printed name of registered agent and title if applicable   (NOTE Registered Agent signature required when reinstating)   DATE 4/20/06

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	PD
NAME	HUGGINS-JONES, ANN
STREET ADDRESS	8117 RAMSGATE ROAD
CITY-ST-ZIP	JACKSONVILLE, FL 32208
TITLE	SD
NAME	BROOKS, JANIC
STREET ADDRESS	8117 RAMSGATE ROAD
CITY-ST-ZIP	JACKSONVILLE, FL 32208
TITLE	TD
NAME	NORTON, LUCILLE
STREET ADDRESS	8117 RAMSGATE ROAD
CITY-ST-ZIP	JACKSONVILLE, FL 32208
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/06/06-80133-005 70.00

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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: _(signature)_ 4/20/06 630-674

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #