## 2006 FOR PROFIT CORPORATION

## FILED **ANNUAL REPORT** Apr 10, 2006 08:00 AM Secretary of State DOCUMENT # P00000017645 JAY HOLDINGS, INC. Principal Place of Business Mailing Address 6308 COOPERS GREEN CT. 6308 COOPERS GREEN CT. ORLANDO, FL 32819 ORLANDO, FL 32819 CR2E034 (11/05) 04052005 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number Not Applicable 59-3626064 \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent QUARLESS, JOHN C DO NOT WRITE 6308 COOPERS GREEN CT. ORLANDO, FL 32819 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, typed or printed name of registered agent and the literphicable (NOTE: Registered Agent signature required when reinstading) DATE \$5.00 May 6e 8. Election Campaign Financing FILE NOW!!! FEE 18 \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS me QUARLESS, JOHN C NAME STREET ADDRESS 6308 COOPERS GREEN CT. ORLANDO, FL 32819 CITY-ST-ZP <u>U0000049836</u>3 04/22/06-80091-015 150.00 mle MAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS City-ST-ZP IIILE

12. I hereby certify that the information supplied with this filling 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 207, 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

NAME STREET ADDRESS CITY-ST-ZIP 7M E NAME STREET ADDRESS CITY-57-3P

GRATURE AND TYPED OR FRINTED NAME OF BIGNING OFFICER ON DIRECTOR