

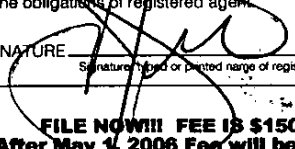



2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2006 8:00 am
Secretary of State

02-06-2006 90059 046 ***150.00

DOCUMENT # P00000018204					
1. Entity Name JONOCO INC.					
Principal Place of Business VENTURE OUT #642 CUDJOE KEY, FL 33042			Mailing Address P O BOX 420169 SUMMERLAND KEY, FL 33042-0169		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc. 660 KATHERINE STREET		Suite, Apt. #, etc.		01162006 Chg-P CR2E034 (11/05)	
City & State SUMMERLAND KEY FL		City & State		4. FEI Number 65-0983601	
Zip 33042		Country U.S.A		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent NORTH, JON 701 SPANISH MAIN DR SUMMERLAND KEY, FL 33042			7. Name and Address of New Registered Agent Name NORTH, JON Street Address (P.O. Box Number is Not Acceptable) 660 KATHERINE STREET City SUMMERLAND KEY FL Zip Code 33042		
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  JON NORTH DATE 1/31/06 <small>(Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating))</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P NORTH, JON #642 VENTURE OUT CUDJOE KEY, FL 33042	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P NORTH, JON 660 KATHERINE STREET SUMMERLAND KEY FL 33042
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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 607, 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 		1/31/06 305-745-9101 <small>Date Daytime Phone #</small>			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					