2007 FOR PROFIT CORPORATION

FILED ANNUAL REPORT Jan 16, 2007 08:00 AN **DOCUMENT # P00000018204** Secretary of State 1. Entity Name JONÓCO INC. Principal Place of Business Mailing Address **660 KATHERINE ST** P 0 BOX 420169 SUMMERLAND KEY, FL 33042 SUMMERLAND KEY, FL 33042-0169 01032007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0983601 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent NORTH, JON DO NOT WRITE 660 KATHERINE ST SUMMERLAND KEY, FL 33042 IN THIS SPACE 3. 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, typod or printed name of registered agont and type it applicable. (NOTE, Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be H000005865ÜĞ FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 01/16/07-80060-005 150.00 Trust Fund Contribution, Added to Fees OFFICERS AND DIRECTORS 10. 1III NORTH, JON NAME 660 KATHERINE ST STREET ADORESS CITY-ST-ZIP SUMMERLAND KEY, FL 33042 IIII SAME STREET ADDRESS CITY-ST-ZIP THE NAME STREET ADDRESS DO NOT WRITE CHTY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST- DP TITLE MAME STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the informal indicated on this report or so of the corporation or the receive log explied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information temental 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 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

ess, with all other like empowered.

INTED NAME OF SIGNING OFFICER OR DIRECTOR

TYPE AND TYPED O

SIGNATURE: