
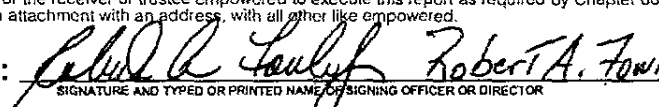


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 24, 2006 08:00 AM
Secretary of State

DOCUMENT # P00000040689		
1. Entity Name B&J DISTRIBUTING OF WEST JACKSONVILLE, INC.		
Principal Place of Business 6813 PLUM LAKE DRIVE NORTH JACKSONVILLE, FL 32222	Mailing Address 6813 PLUM LAKE DRIVE NORTH JACKSONVILLE, FL 32222	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent FOWLER, ROBERT A JR 6813 PLUM LAKE DRIVE NORTH JACKSONVILLE, FL 32222		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering)</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		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FOWLER, JR., ROBERT A 6813 PLUM LAKE DR, N JACKSONVILLE, FL 32222	
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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:  Robert A. Fowler, Jr.		Date 4-19-06 Daytime Phone # 779-6666



04192006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3643861	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

U00000528920
05/05/06-80057-002 150.00

**DO NOT WRITE
IN THIS SPACE**