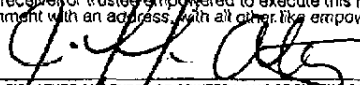


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 31, 2006 08:00 AM
Secretary of State

DOCUMENT # P00000099617		
1. Entity Name FIVE JS, INC.		
Principal Place of Business 6100 JEFF ATES ROAD MILTON, FL 32583	Mailing Address 6100 JEFF ATES ROAD MILTON, FL 32583	
DO NOT WRITE IN THIS SPACE		
		01172006 No Chg-P CR2E034 (11/05)
		4. FEI Number 59-3680205
		Applied For Not Applicable
		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent		DO NOT WRITE IN THIS SPACE
ATES, JEFF III 6100 JEFF ATES ROAD MILTON, FL 32583		
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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE U00000410837 02/09/06-80053-008 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST ATES, JUNE 6100 JEFF ATES ROAD MILTON, FL 32583	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ATES, AMY 6100 JEFF ATES RD MILTON, FL 32583	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ATES, JEFF IV 6100 JEFF ATES RD MILTON, FL 32583	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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: 		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date _____ Daytime Phone # _____