2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000117437

1. Entity Name

JES OF PENSACOLA, INC.



FILED Mar 07, 2008 08:00 A Secretary of State

Principal Place of Business

Mailing Address

1602 EAST CERVANTES ST PENSACOLA, FL 32501 1602 EAST CERVANTES ST PENSACOLA, FL 32501



DO NOT WRITE IN THIS SPACE

03052008

No Cha-F

CR2E034 (11/05)

4. FEI Number 59-3688490 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SHERRILL, JOHN H III 1602 EAST CERVANTES ST PENSACOLA, FL 32501

DO NOT WRITE IN THIS SPACE

8. The above the obligat	named entity submits this statement for the pions of registered agent.	urpose of changing its registered	d office or (egistered agent, or bo	th, in the State of Florida. I am familiar with, and accept
SIGNATURE.		W			
Signature, typed or printed name of registered agent and title If applicable (NOTE: Registered Agent alignature required when reinstating) DATE					
FILE NOWIII FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		 Election Campaign Finance Trust Fund Contribution. 	ing 🔲	\$5.00 May Be Added to Fees	000000850876 03/25/08-80016-004 150.00
10.	OFFICERS AND DIREC	CTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS SHERRILL, JOHN H III 1602 EAST CERVANTES ST. PENSACOLA, FL 32501				
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT			NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN THIS SPACE		
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					

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 attactment with an address, with all other like empowered.

SIGNATURE

DIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

3/5/08

850/433-1652

Daytime Phone #