

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P01000032283

1. Entity Name
JACO LOWELL REALTY, INC.



Principal Place of Business
223 EAST BEACH DR
PANAMA CITY, FL 32401

Mailing Address

223 EAST BEACH DR
PANAMA CITY, FL 32401

2. Principal Place of Business
231 East Beach Drive

Suite, Apt. #, etc.

3. Mailing Address
231 East Beach Drive

Suite, Apt. #, etc.

City & State
Panama City, FL

City & State
Panama City, FL

Zip
32401

Zip
32401

Country

6. Name and Address of Current Registered Agent

HUGHES, ROBERT ESQ.
220 MCKENZIE AVENUE
PANAMA CITY, FL 32401

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL Zip Code

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

		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PTD	<input checked="" type="checkbox"/> Delete	TITLE PTD DARRAH, JOHN W 231 East Beach Drive Panama City, FL 32401
NAME	MCNEESE, S. DALE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	90 HILLTOP DRIVE		
CITY-ST-ZIP	BAYFIELD, CO 81122		
TITLE	VSD	<input checked="" type="checkbox"/> Delete	TITLE VSD McNeese, S. Dale 1401 Main Ave, Suite C Durango, CO 81301
NAME	DARRAH, JOHN W		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	223 EAST BEACH DR		
CITY-ST-ZIP	PANAMA CITY, FL 32401		
TITLE		<input type="checkbox"/> Delete	TITLE
NAME			<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete	TITLE
NAME			<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete	TITLE
NAME			<input type="checkbox"/> Change <input type="checkbox"/> Addition
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

4/25/06 850-484-3900
Date Daytime Phone #