

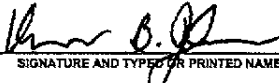


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

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

DOCUMENT # P01000048166			
1. Entity Name J & J BILLIARDS OF PENSACOLA, INC.			
Principal Place of Business 1707 WEST FAIRFIELD DRIVE PENSACOLA, FL 32501		Mailing Address 1707 WEST FAIRFIELD DRIVE PENSACOLA, FL 32501	
DO NOT WRITE IN THIS SPACE			
		 01212006 No Chg-P CR2E034 (11/05)	
		4. FEI Number 59-3719518	Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent JOHNSON, KEVIN B 1707 WEST FAIRFIELD DRIVE PENSACOLA, FL 32501			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 reinstating) DATE</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	U00000527850 05/05/06-80011-023 150.00
10. OFFICERS AND DIRECTORS			DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVPT JOHNSTON, KEVIN B 5930 COUNT RD PENSACOLA, FL 32501		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S JOHNSON, TINA L 5930 COUNT RD PENSACOLA, FL 32501		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
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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:  Kevin B. Johnson April 24, 2006 850-477-6236 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			