

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

07-10-2006 90029 027 ***150.00

P01000095060

FILED

06 AUG 15 AM 8:50

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

50022111

DOCUMENT # P01000095060		
1. Entity Name JOLAVE, INC.		

Principal Place of Business 160 SR 312 ST AUGUSTINE, FL 32086	Mailing Address 160 SR 312 ST AUGUSTINE, FL 32086
---	---

2. Principal Place of Business	3. Mailing Address
--------------------------------	--------------------

Suite, Apt. #, etc.	Suite, Apt. #, etc.
---------------------	---------------------

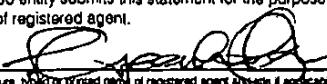
City & State	City & State
--------------	--------------

Zip	Country	Zip	Country
-----	---------	-----	---------

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
---	--	---	--

GREENHALGH, JOHN 2740 US 1 SOUTH ST AUGUSTINE, FL 32086		Name
		Street Address (P.O. Box Number is Not Acceptable) 160 SR 312
		City St. Augustine FL Zip Code 32086

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 (Block 10, Line 2a). (NOTE: Registered Agent signature required when renaming)

7/5/06
DATE

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	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
----------------------------	---

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP <input type="checkbox"/> Delete GREENHALGH, JOHN 160 STATE ROAD 312 SAINT AUGUSTINE, FL 32086	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 1000078994291 08/22/06--01032--001 ***400.00
--	---	--	---

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST <input type="checkbox"/> Delete GREENHALGH, LAURA 160 STATE ROAD 312 SAINT AUGUSTINE, FL 32086	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
--	---	--	---

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
--	---------------------------------	--	---

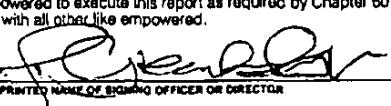
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
--	---------------------------------	--	---

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
--	---------------------------------	--	---

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
--	---------------------------------	--	---

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
--	---------------------------------	--	---

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

Case # **7/5/06** Daytime Phone #