

2006 FOR PROFIT CORPORATION ANNUAL REPORT


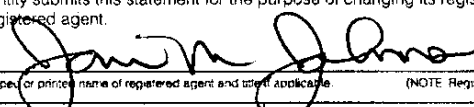
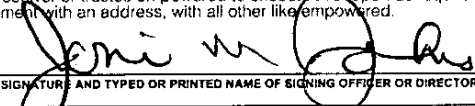
FILED
Jan 30, 2006 8:00 am
Secretary of State

01-30-2006 90046 011 ***150.00

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01252006 Chg-P CR2E034 (11/05)

DOCUMENT # P01000115686			
1. Entity Name JONI'S BEACH RENTALS, INC.			
Principal Place of Business 7328 THOMAS DR STE A PANAMA CITY BEACH, FL 32408		Mailing Address 7328 THOMAS DR STE A PANAMA CITY BEACH, FL 32408	
2. Principal Place of Business 8800 FRONT BEACH RD.		3. Mailing Address 8800 FRONT BEACH RD	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State PANAMA City Beach, FL		City & State PANAMA City Beach, FL	
Zip 32408		Zip 32408	
Country		Country	
4. FEI Number 26-0036737		Applied For <input checked="" 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 JOHNS, JONI M 7328 THOMAS DR STE A PANAMA CITY BEACH, FL 32408		7. Name and Address of New Registered Agent Name: Johns, Joni M. Street Address (P.O. Box Number is Not Acceptable) 8800 FRONT BEACH RD. City: PANAMA City Beach, FL Zip Code: 32408	
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:  (NOTE: Registered Agent signature required when registering) 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	PST JOHNS, JONI M 7328 THOMAS DR STE A PANAMA CITY BEACH, FL 32408 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	PST JOHNS, JONI M. 8800 FRONT BEACH RD. PANAMA City Beach, FL 32408 <input checked="" 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
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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: 		Date: 1-26-06	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	