

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2006 8:00 am
Secretary of State

03-29-2006 90125 044 ***150.00

DOCUMENT # P02000035813					
1. Entity Name J & K DISTRIBUTORS, INC.					
Principal Place of Business 10248 CARA ST SPRING, FL 34608			Mailing Address 10248 CARA ST SPRING, FL 34608		
2. Principal Place of Business 13168 CORONADO DRIVE		3. Mailing Address POST OFFICE BOX 3247			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State SPRING HILL, FL		City & State SPRING HILL, FL		4. FEI Number 01-0666858	
Zip 34609		Country		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent GLASS, KENNETH 10248 CARA ST SPRING HILL, FL 34608			7. Name and Address of New Registered Agent Name GLASS, KENNETH Street Address (P.O. Box Number is Not Acceptable) 13168 CORONADO DRIVE City SPRING HILL FL Zip 34609		
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 <i>Kenneth Glass President</i> DATE <i>3/26/06</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing <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 KENNETH, GLASS 10248 CARA ST SPRING HILL, FL 34608		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 13168 CORONADO DRIVE SPRING HILL, FL 34609	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVST GLASS, JOANN 10248 CARA ST SPRING, FL 34608		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 13168 CORONADO DRIVE SPRING HILL, FL 34609	
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: <i>Kenneth Glass</i>			KENNETH GLASS		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <i>3/24/06</i> Daytime Phone # <i>352-686-2686</i>		