2006 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

Secretary of State DOCUMENT # P02000054768 01-23-2006 90054 016 ***150.00 1. Entity Name JEFFCOAT ENTERPRISES, INC. Principal Place of Business Mailing Address 1003 W. 23RD STREET 1003 W. 23RD STREET PANAMA CITY, FL 32405 PANAMA CITY, FL 32405 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. . Suite, Apt. #, etc. 01062006 CR2E034 (11/05) Chg-P Applied For 4. FEI Number City & State City & State 56-0481684 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Russell Prothro STOPKA, ALBERT J III Street Address (P.O. Box Number is Not Acceptable) 108 MOSLEY DRIVE LYNN HAVEN, FL 32444 1003 W. 23rd Street City Panama City Zig Cod 05 his 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 8. The above named strictly submits the obligations of registered a 1-6-05 SIGNATURE. ne of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150,00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. Change TITLE ☐ Delete TITI F 1003 W. 23rd Street PROTHRO, RUSSELL NAME NAME STREET ADDRESS 4442-ASHLAND ROAD STREET ADDRESS Panama City, FL 32405 PANAMA CITY, FL 32406 CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE Addition TITLE NAME PROTHRO, JANIE 1003 W. 23rd Street 4442 ASHI AND ROAD... STREET ADDRESS STREET ADDRESS PANAMA CITY, FL 92405 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7tP ☐ Detete TITLE ☐ Change Addition MILE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TIME ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CLTY-ST-ZIP CITY-ST-7IP 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 flustee 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.

FILED Jan 23, 2006 8:00 am

Daytime Phone #