


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Apr 24, 2006 08:00 AM  
Secretary of State

DOCUMENT # P0200011701		
1. Entity Name S J S, INC.		
Principal Place of Business 886 COASTAL HIGHWAY PANACEA, FL 32346	Mailing Address PO BOX 908 PANACEA, FL 32346	
DO NOT WRITE IN THIS SPACE		
5. Name and Address of Current Registered Agent  WITHERS, BARBARA S 3035 N MERIDIAN RD TALLAHASSEE, FL 32309		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 resigning)</small> 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
		U000000528224 05/05/06-80027-013 150.00
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WITHERS, BEN 886 COASTAL HWY PANACEA, FL 32346	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BARWICK, PARRISH 830 WAKULLA SPRINGS RD. CRAWFORDVILLE, FL 32327	
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: <u>Ben Withers President</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date: <u>4/20/06</u> Daytime Phone #: <u>984-2149</u>



02172006 No Chg-P CR2E034 (11/05)

4. FEI Number 90-0062962	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

DO NOT WRITE  
IN THIS SPACE