2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 24, 2006 8:00 am Secretary of State

DOCUMENT # P02000130949 1. Entity Name JONSEG, CO.						03-24-2006	90015 00	4 ***150).00	
Principal Place of Business 6008 17TH ST E BRADENTON, FL 34203 US		Mailing Address PO BOX 20028 BRADENTON, FL 34			40	· · · · · · · · · · · · · · · · · · ·	11 4 1 11 738 1111 1 88 2		(PB)	
2. Principal Place of Business		3. Mailing Address	3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.			Chg-P	CR2E03	34 (11/05)		
City & State		City & State	City & State		4. FEI Numb			<u> </u>	plied For t Applicable	
Zip	Country -	Zip	Coun	ntry	<u> </u>	of Status Desired		8.75 Addi ee Required		
	6. Name and Address of Curr	rent Registered Agent	ered Agent Name			7. Name and Address of New Registered Agent				
WICKMAN & WYCKOFF, P.A. 4909 MANATEE AVENUE WEST BRADENTON, FL 34209				Street Address (P.O. Box Number is Not Acceptable)						
,				City			FL	Zip Code	3	
	named entity submits this stateme ions of registered agent.	nt for the purpose of changing	its register	ed office or registe	ered agent, or bo	oth, in the State of F	lorida. I am f	amiliar with, a	and accept	
SIGNATURE_	Signature, typed or printed name of registered	agent and title if applicable. (f	OTE: Registere	ed Agent signature require	ed when reinstating)		DATE			
	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$5				5.00 May Be Ided to Fees					
10.	OFFICERS A	AND DIRECTORS	11.		ADDITIONS	/CHANGES TO OF	FICERS AND	DIRECTORS	IN 11	
TITLE	P	☐ Delete	TITL	4				Change	☐ Addition	
STREET ADDRESS	SEAGLEM, JOHN L 5807 41ST ST E			ME EET ADDRESS 7-ST-ZIP						
CITY-ST-ZIP	BRADENTON, FL 34203	Delete	TITL					☐ Change	Addition	
NAME	SEGLEM, ADAM K	LJ Deiele	NAM	I				circingo		
STREET ADDRESS CITY-ST-ZIP	5807 41ST ST E BRADENTON, FL 34203			EET ADDRESS (-ST-ZIP						
TITLE	. Delete			· 1				☐ Change	☐ Addition	
STREET ADDRESS	· •			AE EET ADORESS (-ST-ZIP						
CITY-ST-ZIP		☐ Delete	TITL		····			☐ Change	Addition	
NAME			NAM							
STREET ADDRESS CITY-ST-ZIP				EET ADDRESS Y-ST-ZIP	·					
TITLE		Delete	TITI. Naa					☐ Change	☐ Addition	
NAME STREET ADDRESS			t t	EET ADDRESS						
CITY-ST-ZIP			CITY	Y-ST-ZIP						
TITLE		☐ Delete	TITL					☐ Change	☐ Addition	
NAME STREET ADDRESS CITY-ST-ZIP				ME EET ADORESS Y-ST-ZIP						
<u> </u>	1 certify that the information supplied on this report or supplemental reproration or the receiver of trustee i, or on an attachment with an abdr	d with this filing does not qualificate and the empowered to exceede this regess, with all other like empowered.	y for the ex lat my signa bort as requ red.	kemptions containature shall have the	ed in Chapter 1 e same legal effe 07, Florida Statu	ect as it made unde les; and that my nai	me appears in	n Block 10 or	nformation or director Block 11 if	
SIGNATURE: X 3/20/06 SIGNATURE AND TYPEQUE PROTECT NAME OF SIGNING OFFICER OR DIRECTOR Date Date Date Date Date Desture Phone #										