

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000011115

Entity Name: SHOCK JOCKS, INC.

FILED
Mar 02, 2006
Secretary of State

Current Principal Place of Business:

490 ADAMS BARN ROAD
AUBURNDALE, FL 33823

New Principal Place of Business:

Current Mailing Address:

490 ADAMS BARN ROAD
AUBURNDALE, FL 33823

New Mailing Address:

FEI Number: 43-1995709

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ERICKSON, JEFFREY L P
490 ADAMS BARN ROAD
AUBURNDALE, FL 33823 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: ERICKSON, JEFFREY L SR
Address: 490 ADAMS BARN ROAD
City-St-Zip: AUBURNDALE, FL 33823

Title: D () Delete
Name: ERICKSON, CYNTHIA L VP
Address: 490 ADAMS BARN ROAD
City-St-Zip: AUBURNDALE, FL 33823

Title: D () Delete
Name: MURPHY, THOMAS C S
Address: 433 HONEY BEE LANE
City-St-Zip: POLK CITY, FL 33868 US

Title: D () Delete
Name: HENRIKSON, JASON P S
Address: 506 ARBORVITAE LANE
City-St-Zip: POLK CITY, FL 33868 US

Title: ASD () Delete
Name: WHISSONANT, DAVID G
Address: 7009 LEISURE ROAD
City-St-Zip: HAINES CITY, FL 33844

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: KAYKENDALL, BRANDON S AS
Address: 206 ROBINSON STREET
City-St-Zip: AUBURNDALE, FL 33823 US

Title: D (X) Change () Addition
Name: JONES, MICHAEL R AS
Address: 2600 21ST STREET NW
City-St-Zip: WINTER HAVEN, FL 33881

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CYNTHIA L. ERICKSON

VP

03/02/2006

Electronic Signature of Signing Officer or Director

Date