

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT****FILED**
Jul 06, 2006 08:00 AM
Secretary of State**DOCUMENT # P03000038974**1. Entity Name
JOHNNY AND JAY JAY'S SEAFOOD MARKET, INC.Principal Place of Business
**3104 W. HWY 98
MEXICO BEACH, FL 32410**Mailing Address
**HC-7 BOX 170
MEXICO BEACH, FL 32410****DO NOT WRITE IN THIS SPACE**

07022006 No Chg-P CR2E034 (11/05)

4. FEI Number
04-3726225Applied For
Not Applicable5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required****6. Name and Address of Current Registered Agent****RAY, JOHN J
2101 LONG AVENUE
PORT ST. JOE, FL 32456****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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when registering)

1100000568214
07/06/06-80013-014 150.00
DATE**FILE NOW!!! FEE IS \$150.00
Due by September 6, 2006****9. Election Campaign Financing
Trust Fund Contribution.** ☐**\$5.00 May Be
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RAY, JOHN E 2101 LONG AVENUE PORT ST. JOE, FL 32456
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD RAY, JOHN J 2101 LONG AVENUE PORT ST. JOE, FL 32456
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD RAY, MARGARET E 2101 LONG AVENUE PORT ST. JOE, FL 32456
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD RAY, TRAVIS E 2101 LONG AVENUE PORT ST. JOE, FL 32456
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE****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:** Margaret Ray TD
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR7-3-6 850 648-2000
Date Daytime Phone #