2006 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE: V

FILED May 03, 2006 8:00 am Secretary of State

DOCUMENT # P0300064680 1. Entity Name J. MYERS & ASSOCIATES INC.					05-03-2006 90243 005 ***150.00			
Principal Plac	co of Business	Mailing Address			-			
		=						
		5098 28TH AVE SW			+			
MAPLES, FL	SUITE 6 Naples, Fl 34116	uc						
		MAPLES, FL 34110	US			BIES (MILENIN BESIL BEI		11 24 1 11 1221
2. Principal P	Place of Business	3. Mailing Address			-i			
ar / mapar	Add of Boomida	o. Maining Address				ELBU IIKH BEHI BUK AAN	ik oblih bilii bibib bikol ikalik (ja	(AUDUL HIJEE)
Suite, Apt. #, etc.		Suite, Apt. #, etc.		-				
Salta, ripti ir, ata.		Julie, Apt. #, etc.		01252006	Chg-P	CR2E034 (11/05)		
City & State		City & State		A CCINI who			r (e	
Oily di State		City di State			4. FEI Number 27-0060	900		optied For
Zip	Country	Zip			27-0000	000		ot Applicable
210	Country	Ζίμ	Cour	ntry	5. Certificate o	Status Desired	□ \$8.75 Add	
	6. Name and Address of Current	Desistered Asset	<u> </u>	1	l <u>.</u>		Fee Require	ed
	o. Name and Address of Current	Registered Agent		1.41==	/. Name and A	ddress of New R	egistered Agent	
MYEDS	ASON			Name Mu	014 TO	150n		
MYERS, JASON 240 BALAA DBIVE					(P.O. Box Number	ie Not Acceptable	<u></u>	
240 PALM DRIVE SUITE 6				5098	7825	Ave Si	" <i>U</i>	
NAPLES,	FI 34112	j.			<i></i>			
					<u></u>			
		F-50		City //	ples		FL Zp Cod	e
8. The above	named entity submits this statement for	or the purphes of changing its	. sagistes	and office or registe		1- 15 - Ot-11 (F)	- 341	116
the obligat	tions of registered agent	्रित ात parpose of changing is	s register	ed office of registe	rjed agent, or both	, in the State of Fic	orida. I am familiar with,	and accept
•	// /////					-1.		
SIGNATURE.	1-9-11/1-					571	106	
>	nature wood or printed name of registered agent	and title if applicable. (NO	E: Registere	ed Agent signature required	d when reinstating)		DATE	
FIL After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.	9. Election Campa Trust Fund Con		++	.00 May Be led to Fees		·	
10.	055105500 4410	0,000,000				-, .		
	OFFICERS AND		11.		ADDITIONS/C	HANGES TO OFF	ICERS AND DIRECTOR	S IN 11
TITLE	1	. 🖵 Delete	TITL	E			☐ Change	Addition
NAME	MYERS, JASON	*1	NAM	re				j
STREET ADDRESS	5098 28TH AVE SW	· .	STRE	EET ADORESS				
CITY-ST-ZIP	NAPLES, FL 34116		CITY	'-ST-ZIP				
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NAME	`	_ ******	NAM	1			□ cusarge	
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			UIIY	-ST-ZIP				
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CITY-\$T-ZIP			CITY	-ST-ZIP				
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STREET ADDRESS				ET ADDRESS				[
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		Delete	TITL				☐ Change	☐ Addition
NAME			****					
NAME Street address			NAM	l l				
STREET ADDRESS			STRE	ET ADDRESS		٠		
STREET ADDRESS CITY-ST-ZIP			STRE	ET ADDRESS -ST-ZIP				
STREET ADDRESS CITY-ST-ZIP 12. I hereby condicated	pertify that the information supplied with on this report or supplemental report is poration or the receiver or trustee empor or on an attachment with an address.	this filing does not qualify for	STRE	ET ADDRESS -ST-ZIP emptions contained				

EOF SIGNING OFFICER OR DIRECTOR