

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

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

05-03-2006 90228 043 ***150.00

DOCUMENT # P03000114423



1. Entity Name
JF ONE, INC.

Principal Place of Business
1512 W MAIN STREET
LEESBURG, FL 34748

Mailing Address

4 U U O U U U



04272006 Chg-P CR2E034 (11/05)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
65-1206830

Applied For
Not Applicable

5. Certificate of Status Desired \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FESSENDEN, JEFFREY
1512 W MAIN STREET
LEESBURG, FL 34748

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D
NAME FESSENDEN, JEFFREY
STREET ADDRESS 1512 W MAIN STREET
CITY-ST-ZIP LEESBURG, FL 34748

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

Delete Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP

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Change Addition
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 empowerments.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-1-06

353-267-8661

Date

Daytime Phone #