


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 25, 2005 8:00 am
Secretary of State

03-25-2005 90030 027 ***150.00

DOCUMENT # P03000120915 1. Entity Name J & C POELKING, INC.					
Principal Place of Business 5160 US HWY 331 SOUTH DEFUNIAK SPRINGS, FL 32435			Mailing Address 5160 US HWY 331 SOUTH DEFUNIAK SPRINGS, FL 32435		
2. Principal Place of Business 208 Poelkings Drive Suite, Apt. #, etc.		3. Mailing Address 208 Poelkings Drive Suite, Apt. #, etc.			
City & State Defuniak Springs, FL Zip Country 32435		City & State Defuniak Spring, FL Zip Country 32435		4. FEI Number 20-0426634 Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				03212005 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent POELKING, JEROME 5160 US HWY 331 SOUTH DEFUNIAK SPRINGS, FL 32435			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 208 Poelkings Drive City Defuniak Springs FL Zip Code 32435		
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 <u><i>Jerome C. Poelking</i></u> JEROME C. POELKING - PRESIDENT 3-24-05 <small>(NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVP JEROME C. POELKING, INC. 5160 US HWY 331 SOUTH DEFUNIAK SPRINGS, FL 32435 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVP 208 Poelkings Drive Defuniak Springs, FL 32435 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST POELKING, CHRISTA U 5160 US HWY 331 SOUTH DEFUNIAK SPRINGS, FL 32435 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	208 Poelkings Drive Defuniak Springs, FL 32435 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <u><i>Jerome C. Poelking</i></u> JEROME C. POELKING 3-24-05 (850) 892-9312 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					