


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 15, 2007 8:00 am
Secretary of State

02-15-2007 90036 041 ***158.75

DOCUMENT # P03000154435 1. Entity Name JUO CORP					
Principal Place of Business 4400 BAYOU BOULEVARD SUITE 47B PENSACOLA, FL 32503			Mailing Address PO BOX 4760 FORT WALTON BEACH, FL 32549		
2. Principal Place of Business - No P.O. Box # 52 Marlborough Rd Suite, Apt. #, etc.		3. Mailing Address PO BOX 2428-PMB 5825 Suite, Apt. #, etc.			
City & State Shalimar		City & State Pensacola		4. FEI Number 20-0509031	
Zip 32579		Country USA		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
Zip 32579		Country USA		6. Name and Address of Current Registered Agent WORK, GARY 4400 BAYOU BOULEVARD SUITE 47 B PENSACOLA, FL 32503	
7. Name and Address of New Registered Agent Name D. Michael Chesser Street Address (P.O. Box Number is Not Acceptable) 1201 EGLIN PARKWAY City SHALIMAR FL 32579		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>D. Michael Chesser</u> Feb. 13, 2007 <small>Signature, typed or printed name of registered agent and state if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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	D BAKER, BRADLEY R 4400 BAYOU BOULEVARD, SUITE 47 B PENSACOLA, FL 32503 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 52 Marlborough Rd Shalimar FL 32579	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LINDSEY, HELEN L 4400 BAYOU BOULEVARD, SUITE 47 B PENSACOLA, FL 32503 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 52 Marlborough Rd Shalimar FL 32579	
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 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: <u>Baker</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					