

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

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

3. Mailing Address
PO Box 2428 - PMB 5825

Suite, Apt. #, etc.
City & State
Zip
32579

4. FEI Number
20-0509031

Suite, Apt. #, etc.
City & State
Zip
32513-2428

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

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 Zip Code *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 *D. Michael Chesser* DATE *Feb. 13, 2007*

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

(NOTE: Registered Agent signature required when reinstating)

9. Election Campaign Financing
Trust Fund Contribution. \$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 <input type="checkbox"/> Delete BAKER, BRADLEY R 4400 BAYOU BOULEVARD, SUITE 47 B PENSACOLA, FL 32503	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>52 Marlborough Rd</i> <i>Shalimar FL 32579</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete LINDSEY, HELEN L 4400 BAYOU BOULEVARD, SUITE 47 B PENSACOLA, FL 32503	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>52 Marlborough Rd</i> <i>Shalimar FL 32579</i>
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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: *B.J. J.*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

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

02-15-2007 90036 041 ***158.75

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02052007 Chg-P CR2E034 (12/06)