


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Sep 01, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000004236 1. Entity Name ALL JAX REALTY, INC.	
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Principal Place of Business 9951 REGENCY BLVD STE 163 JACKSONVILLE, FL 32225	Mailing Address 9951 REGENCY BLVD STE 163 JACKSONVILLE, FL 32225
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DO NOT WRITE IN THIS SPACE



08302006 No Chg-P CR2E034 (11/05)

4. FEI Number 86-1098978	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent MULLINS, VICKI 9951 REGENCY BLVD STE 163 JACKSONVILLE, FL 32225
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**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$550.00 Due by September 6, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MULLINS, VICKI 9951 REGENCY BLVD STE 163 JACKSONVILLE, FL 32225
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09/01/06-80007-006 558.75

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: Vicki Mullins August 31, 2006 904-349-8848
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #