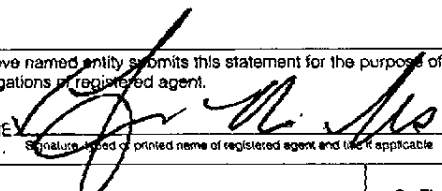


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 06, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000065294		
1. Entity Name J&H MEEKS INVESMENTS, INC.		
Principal Place of Business 514 SW 2ND AVE. OCALA, FL 34474		Mailing Address 514 SW 2ND AVE. OCALA, FL 34474
DO NOT WRITE IN THIS SPACE		
		
4. FEI Number 20-1016724		Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent MEEKS, JAMES 514 SW 2ND AVE. OCALA, FL 34474		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 reinstating) Signature typed or printed name of registered agent and title, if applicable DATE: 3-2-06		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MEEKS, JAMES 514 SW 2ND AVE. OCALA, FL 34474	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MEEKS, HEIDI 2441 N. PINE AVE. OCALA, FL 34474	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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 or 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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		3-2-06 352-690-1714 Date Daytime Phone #