

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # P05000010592

1. Entity Name  
JDJ OF PENSACOLA INC



**FILED  
Apr 17, 2006 8:00 am  
Secretary of State**

04-17-2006 90417 023 \*\*\*150.00

**50013054**



04122006 Chg-P CR2E034 (11/05)

Principal Place of Business  
P.O. BOX 12377 7884 Bay meadows DR  
PENSACOLA, FL 32597 32507 Mailing Address  
P.O. BOX 12377 7884 Bay meadows DR  
PENSACOLA, FL 32597 32507

2. Principal Place of Business 7884 Bay meadows DR Suite, Apt. #, etc. PENSACOLA, FL	3. Mailing Address 7884 Bay meadows DR Suite, Apt. #, etc. PENSACOLA, FL
Zip 32507	Country USA
Zip 32507	Country USA

4. FEI Number  
**20-2210402** Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent HICKEY, RAYMOND G 913 GULF BREEZE PKWY STE # 5 GULF BREEZE, FL 32561		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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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 \_\_\_\_\_ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

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	P <input type="checkbox"/> Delete JENNINGS, JOHNATHAN D P.O. BOX 12377 7884 Bay meadows DR PENSACOLA, FL 32597 32507	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
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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:** *Johnathan D. Jennings* **4-13-06 554-3997**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #