



2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 14, 2006 8:00 am
Secretary of State

03-14-2006 90012 034 ***150.00

DOCUMENT # P05000021694			
1. Entity Name J.J. & M. RELOCATORS, INC.			
Principal Place of Business 1093 A1A BEACH BLVD #193- ST AUGUSTINE FL 32080		Mailing Address 1093 A1A BEACH BLVD #193 ST AUGUSTINE FL 32080	
2. Principal Place of Business 140 Whetstone Place		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State St. Augustine, FL		City & State	
Zip 32086	Country USA	Zip	Country
6. Name and Address of Current Registered Agent DEAN, HENRY 251 NE DIXIE BLVD DELRAY BEACH FL 33444		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		City	
FL		Zip Code	
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 		DATE 2/28/06	
Signature, type or printed name of registered agent and file 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 Make Check Payable to Florida Department of State		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	Joe Scholen President 591 Haylen Rd St Augustine, FL 32086 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:  **Joe Scholen** **2/28/06** **904 829 6320**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #