

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 01, 2006 8:00 am**  
**Secretary of State**

03-01-2006 90011 043 \*\*\*158.75

<b>DOCUMENT # P05000046103</b>					
<b>1. Entity Name</b> <b>J. K. JUMPERS, INC.</b>					
<b>Principal Place of Business</b> 3949 CENTRAL RD FERNANDINA BEACH FL 32034			<b>Mailing Address</b> 3949 CENTRAL RD FERNANDINA BEACH FL 32034		
<b>2. Principal Place of Business</b> Same Suite, Apt. #, etc.		<b>3. Mailing Address</b> Same Suite, Apt. #, etc.			
<b>City &amp; State</b> Same		<b>City &amp; State</b> Same		<b>4. FEI Number</b> 20-2576380	
<b>Zip</b> Same		<b>Country</b> USA		<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> WALL, JAMES K 3949 CENTRAL RD. FERNANDINA BEACH FL 32034			<b>7. Name and Address of New Registered Agent</b> Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> Zip Code _____		
<b>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.</b> SIGNATURE <u>James K. Wall</u> <u>James K. Wall P.</u> <u>1/23/06</u> DATE					
<b>FILE NOW!!! FEE IS \$150.00.</b> <b>After May 1, 2006 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>			<b>9. Election Campaign Financing</b> <b>\$5.00 May Be</b> Trust Fund Contribution. <input type="checkbox"/> <b>Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
<b>TITLE</b> P <b>NAME</b> FREEMAN, JOHNATHAN M <b>STREET ADDRESS</b> 1601 NECTARINE ST. <b>CITY-ST-ZIP</b> FERNANDINA BEACH FL 32034	<input checked="" type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> VP <b>NAME</b> WALL, JAMES K <b>STREET ADDRESS</b> 3949 CENTRAL RD. <b>CITY-ST-ZIP</b> FERNANDINA BEACH FL 32034	<input type="checkbox"/> Delete		<b>TITLE</b> P <b>NAME</b> WALL, James K <b>STREET ADDRESS</b> 3949 Central Rd. <b>CITY-ST-ZIP</b> Fernandina beach, FL 32034	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> S <b>NAME</b> WALL, HALEY A <b>STREET ADDRESS</b> 3949 CENTRAL RD. <b>CITY-ST-ZIP</b> FERNANDINA BEACH FL 32034	<input type="checkbox"/> Delete		<b>TITLE</b> VP-5 <b>NAME</b> WALL, HALEY A <b>STREET ADDRESS</b> 3949 Central Rd. <b>CITY-ST-ZIP</b> Fernandina-beach, FL 32034	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> T <b>NAME</b> FREEMAN, ALEYSIA B <b>STREET ADDRESS</b> 1601 NECTARINE ST. <b>CITY-ST-ZIP</b> FERNANDINA BEACH FL 32034	<input checked="" type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> 	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> 	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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.</b>					
<b>SIGNATURE:</b> <u>Haley A. Wall</u> <u>Haley A. Wall V.P.</u> <u>1/23/06</u> <u>(904) 261-1100</u>					



ATTACHMENT

40021682

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 9, 2006

J. K. JUMPERS, INC.  
3949 CENTRAL RD  
FERNANDINA BEACH, FL 32034

Subject: J. K. JUMPERS, INC.

Reference Number: P05000046103

Please be advised, we have received your annual report/uniform business report; however, the report **has not been filed** and a copy is being returned for the following correction(s):

The fee to file the enclosed profit annual report/uniform business report is \$150.00. If a certificate of status is desired, please add an additional \$8.75.

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/cj

ANNUAL REPORTS SECTION