

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 13, 2006 8:00 am
Secretary of State

05-02-2006 90213 029 ***150.00

DOCUMENT # P05000057530			
1. Entity Name JPSP HOLDINGS, INC.			
Principal Place of Business 4703 SEASTAR VISTA DESTIN, FL 32541		Mailing Address 4703 SEASTAR VISTA DESTIN, FL 32541	
2. Principal Place of Business 3426 Club Estates Dr Suite, Apt. #, etc.		3. Mailing Address 3426 Club Estates Dr Suite, Apt. #, etc.	
City & State Miramar Beach FL		City & State Miramar Beach	
Zip 32550	Country	Zip FL 32550	Country
4. FEI Number 20-2710557		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent JACKSON, JUDD S 4703 SEASTAR VISTA DESTIN, FL 32541		7. Name and Address of New Registered Agent Name Judd S. Jackson Street Address (P.O. Box Number is Not Acceptable) 3426 Club Estates Dr City Miramar Beach FL Zip Code 32550	
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 re-registering) 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	D JACKSON, JUDD S 4703 SEASTAR VISTA DESTIN, FL 32541 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Pres Judd S. Jackson 3426 Club Estates Dr Miramar Beach FL 32550 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JACKSON, PENNY A 4703 SEASTAR VISTA DESTIN, FL 32541 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Penny A Jackson 3426 Club Estates Dr Miramar Beach FL 32550 ☒ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date 3/6/06 Daytime Phone # 850-231-0850	

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