2006 FOR PROFIT CORPORATION ANNUAL REPORT



FILED Feb 02, 2006 8:00 am Secretary of State

1. Entity Name JOLLAY COMPUTER CONCEPTS INC							02-02-2006 900	032 039	***150.0	00
Principal Plac 2120 N 46TI HOLLYWOOD		2120	Mailing Address 2120 N 46TH AVENUE HOLLYWOOD, FL. 33021							
2. Principal P	Place of Business	3. Maili	3. Mailing Address							
Suite, Apt.	#, etc.	Suite	Suite, Apt. #. etc.			01102006	Chg-P	CR2E0	34 (11/05)	
City & Stat	de	City 8	City & State			4. FEI Numb	709622		 	oplied For ot Applicable
Zip	Country	Zip	Zip Country			5. Certificate	of Status Desired		\$8.75 Add Fee Require	litional d
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent Name					
JOLLAY, WILLIAM E JR 2120 N 46TH AVENUE HOLLYWOOD, FL 33021					Street Address (P.O. Box Number is Not Acceptable)					
	, , = 5552,				City				3:= Cod	
The above named entity submits this statement for the purpose of changing its register.					City	-		FL	Zip Cod	
	e named entity submits this statemen tions of registered agent.	t for the purpo	ise of changing its	register	ed office or registe	ered agent, or bo	th, in the State of Flo	rida. I am f	amiliar with,	and accept
SIGNATURE.	Signature, typed or printed name of registered ag	ent and title if appli	cable. (NOT	E. Registere	d Agent signature require	ed when reinstating)		DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign I Trust Fund Contribu						5.00 May Be ded to Fees	5.	•		
10.	OFFICERS AN	ND DIRECTOR	·	11.		ADDITIONS,	CHANGES TO OFFI	CERS AND		
NAME STREET ADDRESS CITY-ST-ZIP	P JOLLAY, WILLIAM E JR 2120 N 46TH AVENUE HOLLYWOOD, FL 33021		☐ Delete						☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete		1				☐ Change	Addition
TITLE NAME STREET ADURESS CITY-ST-ZIP		****	☐ Delete						Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete						☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete		ı				Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	certify that the information supplied v	with this filing	Delete	CITY	E EFF ADORESS -ST-ZIP	d in Chanter 119) Florida Statutas 1	luther certi	Change	Addition

Indicated on this report or supplied with this filling does not qualify for the examptions contained in Chapter 119, Florida Statutes, Truther 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-131-06