

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 19, 2006 8:00 am
Secretary of State

01-19-2006 90080 027 ***150.00

DOCUMENT # P05000109237					
1. Entity Name J. HAMNER SERVICES, INC.					
Principal Place of Business 11025 W BEAVER ST - UNIT 17 JACKSONVILLE, FL 32220-2191			Mailing Address 11025 W BEAVER ST - UNIT 17 JACKSONVILLE, FL 32220-2191		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc. <i>10977 W. Beaver St.</i>		Suite, Apt. #, etc. <i>10977 W. Beaver St.</i>			
City & State <i>Jacksonville, FL</i>		City & State <i>Jacksonville, FL</i>			
Zip <i>32220</i>		Country <i>USA</i>		Zip <i>32220</i>	
Country <i>USA</i>		Country <i>USA</i>			
4. Name and Address of Current Registered Agent WEST, LORI T 11025 W BEAVER ST JACKSONVILLE, FL 32220-2191			7. Name and Address of New Registered Agent Name <i>Same</i> Street Address (P.O. Box Number is Not Acceptable) <i>10977 W. Beaver Street</i> City <i>Jacksonville</i> FL <i>32220</i>		
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					
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 _____ (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 <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	P HAMNER, JESSE V 11025 W BEAVER ST - UNIT 17 JACKSONVILLE, FL 322202191		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Hammer, Jesse V. 10977 W. Beaver St. Jacksonville, FL 32220	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WEST, ALLEN J 10977 W BEAVER ST JACKSONVILLE, FL 32220		TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST WEST, LORI T 10977 W BEAVER ST JACKSONVILLE, FL 32220		TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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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: <i>Lori T. West</i>			Date <i>1/14/06</i> Daytime Phone # <i>904-838-5882</i>		