2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 23, 2006 8:00 am Secretary of State

DOCUI 1. Entity Nam J&K EXTI			02-23-2006 90016 046 ***150.00						
Principal Place of Business 755 SANDY CREEK DR BRANDON, FL 33511		Mailing Address 755 SANDY CREEK DR BRANDON, FL 33511			4001.000				
2. Principal P	lace of Business S. Alexander St.	3. Mailing Address 1701 S. Alexander St. Suite, Apt. #, etc.							
Suite 108		Suite 108			02132006	Chg-P	CR2E034 (11/05)		
Plant	· City, FL	Plant City	FL_		4. FEI Number	<u> 97296</u>	⊢	oplied For ot Applicable	
3356	6 USA	33566 1	ΰŠΑ		5. Certificate	of Status Desired	\$8.75 Ad		
	6. Name and Address of Current F	Name	7. Name and Address of New Registered Agent						
DICK, JEFFREY R 755 SANDY CREEK DR				Street Address (P.O. Box Number is Not Acceptable)					
BRANDON, FL 33511									
			City				FL Zip Coo	le	
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 despitable. (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 \$5.00 May Be Added to Fees									
10. TITLE	OFFICERS AND D		1.	Dros	additions/	CHANGES TO OFFICE	RS AND DIRECTOR Change	S IN 11	
NAME STREET ADDRESS CITY-ST-ZIP	DICK, JEFFREY R 755 SANDY CREEK DR BRANDON, FL 33511	N	TREET ADORESS	• • • •			A		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DICK, KELLEY L 755 SANDY CREEK DR BRANDON, FL 33511	N S	ITLE IAME TREET ADDRESS ITY-ST-ZIP	Vice and	-Presid Seare	tary	rer 🖾 Change	☐ Addition	
NAME STREET ADDRESS CITY-ST-ZIP		N S	ITLE AME TREET ADORESS ITY-ST-ZIP	-	y		☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		N S	ITLE IAME TREET ADDRESS ITY-ST-ZIP	,			☐ Change	☐ Addition	
TITLE NAME STREET ADORESS CITY-ST-ZIP		N S	ITLE AME TREET ADDRESS ITY-ST-ZIP				☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		`N S	ITLE AME TREET ADORESS TTY-ST-ZIP	,			Change	Addition	
indicated of the cor	certify that the information supplied with on this report or supplemental report is poration or the receiver or trustee empo or on an attachment with an address, w	true and accurate and that my sign wered to execute this report as rec	nature shall ha	ve the s	ame lenal effer	t as if made under nath	that I am an office	or director	