


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 13, 2007 08:00 AM
Secretary of State

DOCUMENT # P06000055203 1. Entity Name JOINT HEIRS INVESTORS. INC.,	
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Principal Place of Business 2500 WEST NINE MILE RD. PENSACOLA, FL 32534 US	Mailing Address 2500 WEST NINE MILE RD. PENSACOLA, FL 32534 US
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DO NOT WRITE IN THIS SPACE



01092007 No Chg-P CR2E034 (11/05)

4. FEI Number 20-4715351	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent CUNNINGHAM, JOHNNY F 7511 SELLARS STREET CENTURY, FL 32535	DO NOT WRITE IN THIS SPACE
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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 reinstating) DATE

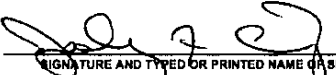
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CUNNINGHAM, JOHNNY F 7511 SELLARS ST CENTURY, FL 32535
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECT HOSKINS, JOHN 117 GRIGGS ST CANTONMENT, FL 32533
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRES EZELL, JESSIE JR 14211 BEULAH ROAD CANTONMENT, FL 32533
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOHNSON, PIERRE 8313 RALEIGH CIRCLE PENSACOLA, FL 32534
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMITH, MITCHELL 920 KNIGHTWOOD ST SELMA, AL 325701
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROWN, AQUANIS 4736 RICHARDSON ROAD MOLINO, FL 32577

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04/23/07-80024-012 150.00

**DO NOT WRITE
IN THIS SPACE**

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:  **Johnny F. Cunningham** 1-22-07 850-607-6232
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #