
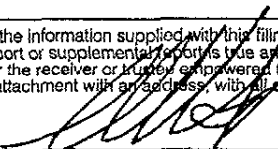


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 28, 2006 08:00 AM
Secretary of State

DOCUMENT # P95000066159 1. Entity Name THE JOHN AND JERRY CORPORATION		
Principal Place of Business 809/823 N FEDERAL HWY FT LAUDERDALE, FL 33304	Mailing Address 809/823 N FEDERAL HWY FT LAUDERDALE, FL 33304	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent HITCHCOCK, JOHN 809/823 N FEDERAL HWY FT LAUDERDALE, FL 33304		DO NOT WRITE IN THIS SPACE
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HITCHCOCK, JOHN 809/823 NORTH FEDERAL HWY FT LAUDERDALE, FL 33304	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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 reports 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		



04252006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0626217	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

U00000540770
05/10/06-80032-003 150.00

**DO NOT WRITE
IN THIS SPACE**

4/28/06 725 9001
Date Daytime Phone #