## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P96000018712

## **FILED** Jul 19, 2006 8:00 am Secretary of State 07-19-2006 90001 006 \*\*\*150.00

1. Entity Name JPG, INC.			- 0.00 11 7	
Principal Place of Business 102 MISSOURI AVE NE LARGO, FL 33770		Mailing Address 102 MISSOURI AVE NE LARGO, FL 33770		40099842
2. Principal Place of Business		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		07122006 Chg-P CR2E034 (11/05)
City & State		City & State		4. FEI Number Applied For 59-3367196 Not Applicable
Zìp	Country	Zip	Country	5. Certificate of Status Desired \$8.75 Additional Fee Required
	6. Name and Address of Current	Registered Agent	Name	7. Name and Address of New Registered Agent
TINGIRIDES, STAVROS 800 N BELCHER RD, SUITE 4 CLEARWATER, FL 34625				s (P.O. Box Number is Not Acceptable)
	·:		City	FL Zip Code
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  Signature, hypody britted name of registered agent and title if applicable.  (NOTE: Registered Agent algorithms required when reinstating)  PATE  PATE  OATE  PATE  In accordance with s. 607.193(2)(b), F.S., the				
Due by September 6, 2006 Trust Fund Contribution.   Added to Fees corporation did not receive the prior notice.				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TSD PETRAKIS, GREG 11675 PINELLAS PARK, FL 33755	Delete  VCORRECT	NAME 52	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  LKISTIS PETRAKIS  BETRAKIS  CAPTRICAL  Addition  ARCHO FE 33770 - 3764
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	NAME STREET ADDRESS	Wale Appress - Change Addition - 26 GLENMONRS
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADORESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-SI-ZIP	☐ Change ☐ Addition
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.				

OR?227-584-1484