

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 31, 2006 08:00 A
Secretary of State

DOCUMENT # P96000054336

1. Entity Name
JINKS & MOODY, P.A.



Principal Place of Business
**509 HARRISON AVE
STE 206
PANAMA CITY, FL 32401 US**

Mailing Address
**PO BOX 230
PANAMA CITY, FL 32402 US**



01182006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3384103

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**JINKS, RUSSELL M
108 FOX RIDGE RD
PANAMA CITY, FL 32405**

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when registering)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PD
NAME JINKS, RUSSELL M
STREET ADDRESS 108 FOX RIDGE RD
CITY-ST-ZIP PANAMA CITY, FL 32405

TITLE VST
NAME MOODY, JAMES R IV
STREET ADDRESS 3316 COUNTRYCLUB DR
CITY-ST-ZIP LYNN HAVEN, FL 32444

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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UN00000408438
02/08/06-80060-019 150.00

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/28/06 850-785-6808
Date Daytime Phone #

RUSSELL M. JINKS