2006 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P97000002244

1. Entity Name
T.J. & ASSOCIATES, INC.

Principal Place of Business	Malling Address
5500 PEMBROKE ROAD HOLLYWOOD, FL 33021	5500 PEMBROKE ROAD HOLLYWOOD, FL 33021

DO NOT WRITE IN THIS SPACE

01132006   No Chg-P   CR2E034 (11/05)

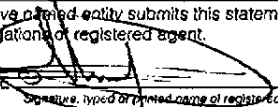| 4. FEI Number		Applied For
65-0717487		Not Applicable

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

6. Name and Address of Current Registered Agent

JONES, THEOPHILUS T
5500 PEMBROKE ROAD
HOLLYWOOD, FL 33021

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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 _____ Sam _____   03-01-06

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, 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	JONES, THEOPHILUS T	
STREET ADDRESS	5500 PEMBROKE RD	
CITY-ST-ZIP	HOLLYWOOD, FL 33021	
TITLE	STD	
NAME	JONES, DAWN GRACE	
STREET ADDRESS	5500 PEMBROKE RD	
CITY-ST-ZIP	HOLLYWOOD, FL 33021	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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NAME		
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TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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03/21/06-80090-005 150.00

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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: _____ Theophilus T Jones 01-31st-2006 (954) 963-2205

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #