



**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

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

DOCUMENT # S24650 1. Entity Name J. GREGORY & ASSOCIATES, INC.			
Principal Place of Business 248 NORTH BARTRAM TRAIL JACKSONVILLE, FL 32259		Mailing Address PO BOX 600160 JACKSONVILLE, FL 32260-0160	
DO NOT WRITE IN THIS SPACE			
			
		01102006 No Chg-P CR2E034 (11/05)	
		4. FEI Number 59-3044270	
		<input type="checkbox"/> 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			
CAMPANINI, J. GREGORY 248 NORTH BARTRAM TRAIL JACKSONVILLE, FL 32259		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		UN0000041402 02/10/06-80005-016 150.00	
TITLE	O	DO NOT WRITE IN THIS SPACE	
NAME	CAMPANINI, J. GREGORY		
STREET ADDRESS	248 NORTH BARTRAM TRAIL		
CITY-ST-ZIP	JACKSONVILLE, FL 32259		
TITLE			
NAME			
STREET ADDRESS		DO NOT WRITE IN THIS SPACE	
CITY-ST-ZIP			
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CITY-ST-ZIP			
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 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 _____		J. GREGORY CAMPANINI 1-25-2006 904-777-3482	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	