

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S50697

FILED
Jan 05, 2006
Secretary of State

Entity Name: JENNINGS HOUSING CORPORATION

Current Principal Place of Business:

503 - 10TH STREET WEST
PALMETTO, FL 34221

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 866
PALMETTO, FL 34220

New Mailing Address:

FEI Number: 59-3081154

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HELLER, BILLY L JR.
503-10TH STREET WEST
PALMETTO, FL 34221 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: ESFORMES, JOSEPH E
Address: 503 - 10TH STREET WEST
City-St-Zip: PALMETTO, FL 34221

Title: DV () Delete
Name: ESFORMES, NATHAN
Address: 503 - 10TH STREET WEST
City-St-Zip: PALMETTO, FL 34221

Title: D () Delete
Name: HELLER, HARVEY
Address: 503 - 10TH STREET WEST
City-St-Zip: PALMETTO, FL 34221

Title: D () Delete
Name: FALK, HARRY
Address: 503 - 10TH STREET WEST
City-St-Zip: PALMETTO, FL 34221

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOSEPH E. ESFORMES

DP

01/05/2006

Electronic Signature of Signing Officer or Director

Date