
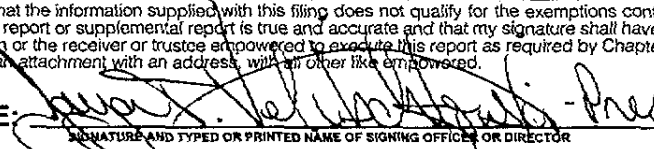


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 17, 2006 08:00 AM
Secretary of State

DOCUMENT # S62725 1. Entity Name J.T.V., INCORPORATED		
Principal Place of Business 6571 43 ST N BLG 17, 1709 1710 PINELLAS PARK, FL 33781 US	Mailing Address 5105-39TH AVENUE NORTH ST. PETERSBURG, FL 33709	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent BROWN, MICHAEL B 1800 2ND STREET SUITE 888 SARASOTA, FL 34236		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 reinstalling)</small> DATE _____		
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		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P VELITSCHKOWSKI, JOYCE T 5105 39TH AVE N ST PETERSBURG, FL	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S VELITSCHKOWSKI, JOYCE T 5105 39TH AVE NO SAINT PETERSBURG, FL 33709	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS 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 changed, or on an attachment with an address, with an other like empowered.		
SIGNATURE:  - Pres. 1/11/06 727-528-1998 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> Date Daytime Phone #		



01112006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3076314 Applied For
Not Applicable

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

1100000388846
01/20/06-80022-011 150.00

**DO NOT WRITE
IN THIS SPACE**