

# 2006-FOR-PROFIT-CORPORATION ANNUAL REPORT (AR)

FILED  
S98684  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 APR 17 PM 3:37

<b>DOCUMENT # S98684</b>					
1. Entity Name J.S.J. & ASSOCIATES, INC.					
Principal Place of Business 999 PIEDMONT OAKS DR. APOPKA FL 32703 US			Mailing Address 999 PIEDMONT OAKS DR. APOPKA FL 32703 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
4. FEI Number 59-3096131				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  SAN JUAN, CONRADO M 999 PIEDMONT OAKS DRIVE APOPKA FL 32703			7. Name and Address of New Registered Agent Name: <u>DAWN L. BLANTON</u> Street Address (P.O. Box Number is Not Acceptable): <u>999 PIEDMONT OAKS DR</u> City: <u>APOPKA</u> State: <u>FL</u> Zip Code: <u>32703</u>		
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: <u>DAWN L. BLANTON</u> <i>Secretary</i> <u>DAWN L. Blanton</u> <i>Secretary</i> 1/27/06 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing)</small>					
FILE NOW!!! FEE IS \$150.00. After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SAN JUAN, JENNIFER 1909 PARKTREE DR ARLINGTON TX 76001 <i>999 PIEDMONT OAKS DR APOPKA, FL 32703</i>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>PRESIDENT</i> JENNIFER SAN JUAN 999 PIEDMONT OAKS DR APOPKA, FL 32703	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO SAN JUAN, CONRADO M 1909 PARKTREE DR ARLINGTON TX 76001	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>SECRETARY</i> DAWN L. BLANTON 999 PIEDMONT OAKS DR APOPKA, FL 32703	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>SECRETARY</i> DAWN L. BLANTON 999 PIEDMONT OAKS DR APOPKA, FL 32703	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	400072295664 04/27/06--01019--012 **150.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Jennifer San Juan 1/27/06 407-880-9740 11/30  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR