


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 08, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # V71072</b> 1. Entity Name <b>THE BUYERS AGENT REALTY OF JACKSONVILLE, INC.</b>	
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Principal Place of Business <b>12443 SAN JOSE BLVD. 402-C JACKSONVILLE, FL 32223 US</b>	Mailing Address <b>520 GOLDEN POND CT. JACKSONVILLE, FL 32259</b>
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02082006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-3154636</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

6. Name and Address of Current Registered Agent  <b>WELLS, JEANINE M. 520 GOLDEN POND CT. JACKSONVILLE, FL 32259</b>
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**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 <u><i>Jeanine Wells</i></u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>	<u><i>JEANINE WELLS President</i></u> <small>(NOTE: Registered Agent signature required when resigning)</small>
	<u><i>2/6/06</i></u> <small>DATE</small>

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D WELLS, ROBERT J. 12443 SAN JOSE BLVD. STE 402-C JACKSONVILLE, FL 32223</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D WELLS, JEANINE M. 12443 SAN JOSE BLVD. STE 402-C JACKSONVILLE, FL 32223</b>
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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: <u><i>Jeanine Wells</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<u><i>JEANINE WELLS President</i></u> <small>Date</small> <u><i>2/6/06</i></u> <small>Daytime Phone #</small> <u><i>904 287-6003</i></u>