

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 06, 2006 08:00 AM
Secretary of State

DOCUMENT # 543131

1. Entity Name

J. J. S. PROPERTIES, INC.



Principal Place of Business

431 GULFVIEW BLVD
CLEARWATER BCH, FL 34630

Mailing Address

431 GULFVIEW BLVD
CLEARWATER BCH, FL 34630



02282006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1962220

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

SAFRONAS, JAMES
431 GULFVIEW BLVD S
CLEARWATER BEACH, FL 34630

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PRST
NAME	SOFRONAS, JAMES
STREET ADDRESS	431 GULFVIEW BLVD S
CITY-ST-ZIP	CLEARWATER BEACH, FL 34630
TITLE	O
NAME	SOFRONAS, JAMES
STREET ADDRESS	27 CUSHING ST.
CITY-ST-ZIP	STAMFORD CT,
TITLE	VPD
NAME	SOFRONAS, CHRISTINA
STREET ADDRESS	431 GULFVIEW BLVD S
CITY-ST-ZIP	CLEARWATER BEACH, FL 34630
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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03/16/06-80051-001 150.00

**DO NOT WRITE
IN THIS SPACE**

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:

James Sofronas
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-2-06

Date

727-743-9905
Daytime Phone #

JAMES SOFRONAS