


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 13, 2004 8:00 am**  
**Secretary of State**

04-13-2004 90021 010 \*\*\*150.00

**DOCUMENT # P02000069989**  
 1. Entity Name  
**JJ & G ENTERTAINMENT, INC.**



Principal Place of Business: **PO BOX 123 INVERNESS, FL 34451**  
 Mailing Address: **PO BOX 123 INVERNESS, FL 34451**

**44028391**



2. Principal Place of Business: Suite, Apt. #, etc.  
 3. Mailing Address: Suite, Apt. #, etc.

02222004 Chg-P CR2E034 (10/03)

City & State

4. FEI Number: **76-0701242**  
 Applied For:  Not Applicable

Zip: Country

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

6. Name and Address of Current Registered Agent: **A1A REGISTERED AGENT, INC 92 SADBERRY ROAD QUINCY, FL 32351-0000**

7. Name and Address of New Registered Agent:  
 Name: **John Scarpa**  
 Street Address (P.O. Box Number is Not Acceptable): **1244 South Estate Pt**  
 City: **INVERNESS** FL Zip Code: **34450**

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reissuing) DATE: \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: <b>D</b>	NAME: <b>SCARFA, JOHN</b>	TITLE:	NAME:
STREET ADDRESS: <b>PO BOX 123</b>	STREET ADDRESS: <b>PO BOX 123</b>	STREET ADDRESS:	STREET ADDRESS:
CITY-ST-ZIP: <b>INVERNESS, FL 34451</b>	CITY-ST-ZIP: <b>INVERNESS, FL 34451</b>	CITY-ST-ZIP:	CITY-ST-ZIP:
<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE:	NAME:	TITLE:	NAME:
STREET ADDRESS:	STREET ADDRESS:	STREET ADDRESS:	STREET ADDRESS:
CITY-ST-ZIP:	CITY-ST-ZIP:	CITY-ST-ZIP:	CITY-ST-ZIP:
<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE:	NAME:	TITLE:	NAME:
STREET ADDRESS:	STREET ADDRESS:	STREET ADDRESS:	STREET ADDRESS:
CITY-ST-ZIP:	CITY-ST-ZIP:	CITY-ST-ZIP:	CITY-ST-ZIP:
<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE:	NAME:	TITLE:	NAME:
STREET ADDRESS:	STREET ADDRESS:	STREET ADDRESS:	STREET ADDRESS:
CITY-ST-ZIP:	CITY-ST-ZIP:	CITY-ST-ZIP:	CITY-ST-ZIP:
<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: \_\_\_\_\_ DATE: **4/12/04** (352) 344-5618  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR