


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90430 040 ***150.00

DOCUMENT # P05000039202

1. Entity Name
 J.O.J., INC.



Principal Place of Business: 5158 107TH STREET, JACKSONVILLE, FL 32244

Mailing Address: 5158 107TH STREET, JACKSONVILLE, FL 32244

50018335



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

3. Mailing Address: Suite, Apt. #, etc.

04252006 Chg-P CR2E034 (11/05)

City & State

4. FEI Number: 32-0144401

Applied For: Not Applicable:

Zip: Country

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

6. Name and Address of Current Registered Agent

JOYCE, CARY
 5158 107TH STREET
 JACKSONVILLE, FL 32244

7. Name and Address of New Registered Agent

Name: _____

Street Address (P.O. Box Number is Not Acceptable): _____

City: _____ FL Zip Code: _____

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: _____ DATE: _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	PD	<input type="checkbox"/> Delete
NAME	JOYCE, CARY	
STREET ADDRESS	5158 107TH STREET	
CITY-ST-ZIP	JACKSONVILLE, FL 32244	
TITLE	V	<input type="checkbox"/> Delete
NAME	JOYCE, LYNN	
STREET ADDRESS	5158 107TH STREET	
CITY-ST-ZIP	JACKSONVILLE, FL 32244	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	SCAPOLI, SONNY	
STREET ADDRESS	5158 107TH STREET	
CITY-ST-ZIP	JACKSONVILLE, FL 32244	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	JOWERS, DANNY	
STREET ADDRESS	5158 107TH STREET	
CITY-ST-ZIP	JACKSONVILLE, FL 32244	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: _____ Daytime Phone #: _____