


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2007 8:00 am
Secretary of State

05-02-2007 90075 005 ***150.00

DOCUMENT # P06000046078

1. Entity Name
J & J SHEDS, INC.




Principal Place of Business Mailing Address
135 E. 4TH AVE **135 E. 4TH AVE**
PIERSON, FL 32180 **PIERSON, FL 32180**

2. Principal Place of Business - No P.O. Box # 3. Mailing Address
1701 N. WOODLAND BLVD **P.O. BOX 484**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
DELAND, FL **DELEON SPRINGS, FL**
 Zip Country Zip Country
32120 **32130** **32130** **32130**

40099572



03212007 Chg-P CR2E034 (12/06)

4. FEI Number Applied For
20-4611831 Not Applicable

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

6. Name and Address of Current Registered Agent
INCORPORATE USA, INC.
3150 SANDY RIDGE DR
CLEARWATER, FL 33761

7. Name and Address of New Registered Agent
 Name **MARY M. JACKSON**
 Street Address (P.O. Box Number is Not Acceptable)
1701 N. WOODLAND BLVD.
 City State Zip Code
DELAND **FL** **32120**

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: *Mary M. Jackson* DATE: 4-30-07

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, 2007 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS		<input type="checkbox"/> Delete
TITLE	P	<input type="checkbox"/>
NAME	JACKSON, MARY M	
STREET ADDRESS	P.O. BOX 484	
CITY-ST-ZIP	DELEON SPRINGS, FL 32130	
TITLE	ST	<input type="checkbox"/>
NAME	JACKSON, JAMES D	
STREET ADDRESS	P.O. BOX 484	
CITY-ST-ZIP	DELEON SPRINGS, FL 32130	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
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: *Michelle Jackson* DATE: 4-30-07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #