

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F44789

FILED
Jan 07, 2009
Secretary of State

Entity Name: J & J OF NORTHWEST FLORIDA, INC.

Current Principal Place of Business:

C/O JOHN L BURKHEAD MT CARMEL RD
6100 TRAVIS BYNUM RD PO BOX 666
JAY, FL 32565

New Principal Place of Business:

C/O JOHN L BURKHEAD MT CARMEL RD
6100 TRAVIS BYNUM RD
JAY, FL 32565

Current Mailing Address:

C/O JOHN L BURKHEAD MT CARMEL RD
6100 TRAVIS BYNUM RD PO BOX 666
JAY, FL 32565

New Mailing Address:

C/O JOHN L BURKHEAD MT CARMEL RD
6100 TRAVIS BYNUM ROAD
JAY, FL 32565

FEI Number: 59-2130676

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BURKHEAD, JOHN L
5188 PITNIC RD
JAY, FL 32565 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: BURKHEAD, JOHN L,
Address: 5188 PITNIC RD
City-St-Zip: JAY, FL 32565

Title: DP () Delete
Name: BURKHEAD, JOHN L. SR, .
Address: 5188 PITNIC RD
City-St-Zip: JAY, FL

Title: MV () Delete
Name: BURKHEAD, JOHN L. JR, .
Address: 6150 TRAVIS BYNUM RD.
City-St-Zip: JAY, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MV (X) Change () Addition
Name: BURKHEAD, JOHN L. JR, .
Address: 6150 TRAVIS BYNUM RD.
City-St-Zip: JAY, FL 32565

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN L BURKHEAD

OF

01/07/2009

Electronic Signature of Signing Officer or Director

Date