

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 05, 2004 8:00 am
Secretary of State

05-05-2004 90191 027 ***150.00

DOCUMENT # F64930

1. Entity Name
J & J LOUNGE, INC.



Principal Place of Business
**2724 W SR 44
DELAND, FL 32720 US**

Mailing Address
**258 BELINDA DR
DELAND, FL 32720**

24070067



04272004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2431430

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**UCICELLO, SANDRIA
258 BELINDA DR
DELAND, FL 32720**

**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

Sandria Uccello *Sandria Uccello*
(NOTE: Registered Agent signature required when reinstating)

DATE

4/27/04

**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

TITLE: **PT**
NAME: **RAINEY, WILLIAM A.**
STREET ADDRESS: **2834 CANAL ROAD**
CITY - ST - ZIP: **DELAND, FL**

TITLE: **S**
NAME: **BOLLER, JENIE L.**
STREET ADDRESS: **549 N. PARKWAY**
CITY - ST - ZIP: **DELAND, FL**

TITLE: **VP**
NAME: **UCCELLA, SANDRIA**
STREET ADDRESS: **258 BELINDA DR**
CITY - ST - ZIP: **DELAND, FL**

TITLE:
NAME:
STREET ADDRESS:
CITY - ST - ZIP:

TITLE:
NAME:
STREET ADDRESS:
CITY - ST - ZIP:

TITLE:
NAME:
STREET ADDRESS:
CITY - ST - ZIP:

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IN THIS SPACE**

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:

Sandria Uccello
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/27/04