## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # G04503

1. Entity Name
J & J FOOTWEAR, INC.



FILED Apr 14, 2006 08:00 AN Secretary of State

Principal Place of Business

ce of Business Mailing Address
FLOCK % IAMES F. FL

% IAMES F. FLOCK 3549 FOWLER ST FT MYERS, FL 33901 % JAMES F. FLOCK 3549 FOWLER ST FT MYERS, FL 33901



## DO NOT WRITE IN THIS SPACE

04102006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-226401

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FLOOK, JAMES 17215 CASTLEVIEW DRIVE NE NORTH FORT MYERS, FL 33917

## DO NOT WRITE IN THIS SPACE

NORTH FORT MYERS, FL 33917			IN THIS SPACE		
	named entity submits this statement for the pions of registered agent.	urpose of changing its registered	office or re	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and accep
SIGNATURE_	Signature, typed or printed name of registered agent and title if	applicable (NOTE Registered Ag	ent signature	required when reinstating)	DATE
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Electron Campaign Financing \$5.00 May Be Trust Fund Contribution.		\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	TORS		, , , , , , , , , , , , , , , , , , ,	<del></del>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FLOCK, JAMES F. 17215 CASTLEVIEW DR NE NORTH FT MYERS, FL		U00000509193 04/28/06-80034-015 150.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST FLOCK, JOAN M 17215 CASTLEVIEW DR NE N FT MYERS, FL				
TITLE					04/28/06-80034-015 150.00
NAME					
STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
Title Name Street address City-St-Zip			IN THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
12. Thereby c	certify that the information supplied with this fill	ng does not qualify for the exemp	otions con	tained in Chapter 11!	9, Florida Statutes 1 further certify that the information

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes 1 burther 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

4-11.06 189 4363142