

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2006 8:00 am
Secretary of State

04-13-2006 90314 025 ***150.00

DOCUMENT # J12001
 1. Entity Name
J & J EQUIPMENT, INC.



Principal Place of Business
24451 MAE HIGHT ROAD
BROOKSVILLE, FL 34601

Mailing Address
24451 MAE HIGHT ROAD
BROOKSVILLE, FL 34601

2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

40091111



03212006 Chg-P CR2E034 (11/05)

6. Name and Address of Current Registered Agent

JOHN H. DUNSETH
24451 MAE HIGHT ROAD
BROOKSVILLE, FL 34601

4. FEI Number
59-2680033

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

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				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	PD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DUNSETH, JOHN H.			NAME			
STREET ADDRESS	24451 MAE HIGHT ROAD			STREET ADDRESS			
CITY-ST-ZIP	BROOKSVILLE, FL 34601			CITY-ST-ZIP			
TITLE	VD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BURKETT, MARVIN E.			NAME			
STREET ADDRESS	27487 MAGNON DRIVE			STREET ADDRESS			
CITY-ST-ZIP	BROOKSVILLE, FL 34601			CITY-ST-ZIP			
TITLE	SD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DUNSETH, JEAN R.			NAME			
STREET ADDRESS	24451 MAE HIGHT ROAD			STREET ADDRESS			
CITY-ST-ZIP	BROOKSVILLE, FL 34601			CITY-ST-ZIP			
TITLE	TD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KNIPP, MELISSA J			NAME			
STREET ADDRESS	1699 COUNTY ROAD 607D			STREET ADDRESS			
CITY-ST-ZIP	BUSHNELL, FL 33513			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				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: Jean R. Dunseth **JEAN R. DUNSETH** 3-27-06 352-799-5317
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #