


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**

**Apr 24, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # K04367		
1. Entity Name J & G LIMITED, INC.		
Principal Place of Business 5650 STIRLING RD #27 HOLLYWOOD, FL 33021 US		Mailing Address 108 ARTHUR STREET HERKIMER, NY 13350
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  HUDSON, CHRISTINE L 4100 N.W. 96TH TERRACE SUNRISE, FL 33351		<b>DO NOT WRITE IN THIS SPACE</b>
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input checked="" type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE	DPT	
NAME	ROWAN, SYLVIA	
STREET ADDRESS	108 ARTHUR STREET	
CITY - ST - ZIP	HERKIMER, NY 13350	
TITLE		
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		
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: <i>Sylvia M. Rowan</i>		Date: <i>4/26/06</i> Daytime Phone #: <i>315-866-7884</i>



04242006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0043535	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

U00000531107  
05/06/06-80026-001 163.75

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IN THIS SPACE**