


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 16, 2006 8:00 am**  
**Secretary of State**


04-24-2006 90434 048 \*\*\*150.00

DOCUMENT # K32618 1. Entity Name J & J FARMS, INC.	
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Principal Place of Business PO BOX 70 CLEWISTON, FL 33440	Mailing Address PO BOX 70 CLEWISTON, FL 33440
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**DO NOT WRITE IN THIS SPACE**

00010000



04132006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0072835	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

MICKLER, A. J., JR.  
1834 DAVIDSON ROAD  
CLEWISTON, FL 33440

**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.

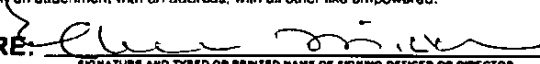
SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reinstating)

<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 type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVS MICKLER, A. J., SR. 1834 DAVIDSON ROAD CLEWISTON, FL 33440
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP MICKLER, A. J., JR. 1834 DAVIDSON ROAD CLEWISTON, FL 33440
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T MICKLER, ELENA P. 1834 DAVIDSON ROAD CLEWISTON, FL 33440
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE IN THIS SPACE**

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:  Date: 5-9-06 Daytime Phone: \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR