

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 30, 2006 8:00 am**  
**Secretary of State**

01-30-2006 90064 036 \*\*\*150.00

|  |  |   |   |                                     |  |
|--|--|---|---|-------------------------------------|--|
| <b>DOCUMENT # K42247</b><br>1. Entity Name<br><b>J &amp; J PALMS, INC.</b>   |  |   |   |                                     |  |
| Principal Place of Business<br><b>1012 RAULERSON ROAD<br/>IMMOKALEE, FL 34142 US</b>   |  |   | Mailing Address<br><b>1012 RAULERSON ROAD<br/>IMMOKALEE, FL 34142 US</b>  |                                     |  |
| 2. Principal Place of Business   |  | 3. Mailing Address  |   |                                     |  |
| Suite, Apt. #, etc.  |  | Suite, Apt. #, etc.   |   |                                     |  |
| City & State   |  | City & State  |   |                                     |  |
| Zip  | Country  | Zip   | Country   |                                     |  |
| 6. Name and Address of Current Registered Agent  |  |   | 7. Name and Address of New Registered Agent   |                                     |  |
| <b>RAULERSON, JOHN<br/>713 CALVIN AVE<br/>LEHIGH, FL 33936</b>   |  |   | Name<br><b>RAULERSON, JOHN</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>19291 WITTS END ROAD</b><br>City<br><b>ALVA</b> <b>FL</b> Zip Code<br><b>33920</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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____<br><small>Signature, typed or printed name of registered agent and title if applicable</small>   |  |   |   |                                     |  |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2006 Fee will be \$550.00</b>  |  | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> |   | <b>\$5.00</b> May Be Added to Fees  |  |
| 10. OFFICERS AND DIRECTORS   |  |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11   |                                     |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>DST<br/>RAULERSON, JOHN<br/>713 CALVIN AVE.<br/>LEHIGH ACRES, FL</b>    | <input type="checkbox"/> Delete   |   |                                     |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>DPST<br/>JOHN RAULERSON<br/>19291 WITTS END ROAD<br/>ALVA, FL 33920</b> | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition        |   |                                     |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                   |   |                                     |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                   |   |                                     |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                   |   |                                     |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                   |   |                                     |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                   |   |                                     |  |
| 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. |  |   |   |                                     |  |
| <b>SIGNATURE: X</b>  |  | <b>JOHN RAULERSON</b>   |   | <b>1/27/06</b>                      |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   |  | Date  |   | Daytime Phone # <b>239-657-2084</b> |  |