

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2004 8:00 am
Secretary of State

04-16-2004 90074 036 ***150.00

DOCUMENT # L65675

1. Entity Name
J & B DONUTS, INC.



Principal Place of Business
**7125 W OAKLAND PARK BLVD
LAUDERHILL, FL 33313**

Mailing Address
**7125 W OAKLAND PARK BLVD
LAUDERHILL, FL 33313**

94052715



2. Principal Place of Business

3. Mailing Address

201 S.E. 15 TERRACE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

212

03222004

Chg-P

CR2E034 (10/03)

City & State

City & State

DEERFIELD BEACH, FL.

4. FEI Number

65-0226088

Applied For

Not Applicable

Zip

Country

Zip

33441

Country

U.S.A.

6. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**FERREIRA, JOSEPH J
9381 NW 18 MANOR
PLANTATION, FL 33322**

7. Name and Address of New Registered Agent

Name
LAWRENCE E. MULLINS, P.A., CPA

Street Address (P.O. Box Number is Not Acceptable)

201 S.E. 15 TERRACE

Suite 212

City

DEERFIELD BEACH, FL

Zip Code

33441

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

Lawrence E. Mullins

LAWRENCE E. MULLINS, C.P.A.

ACCOUNTANT

3/25/04

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PT
FERREIRA, JOSEPH J
9381 N W 18TH MANOR
PLANTATION, FL 33322**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VPS
FERREIRA, BARBARA A
9381 N W 18TH MANOR
PLANTATION, FL 33322**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

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CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

Barbara A. Ferreira **BARBARA A. FERREIRA** **3/25/04**

Daytime Phone #

954-721-8003

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date