

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2004 08:00 AM
Secretary of State

DOCUMENT # M45810	
1. Entity Name J F J, INC.	

Principal Place of Business 9491 EVERGREEN PLACE #102 DAVIE, FL 33324 US	Mailing Address % JAMES F. JOHNSON POST OFFICE BOX 16355 PLANTATION, FL 33318
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent JOHNSON, JAMES F. 9491 EVERGREEN PLACE #102 DAVIE, FL 33324	DO NOT WRITE IN THIS SPACE
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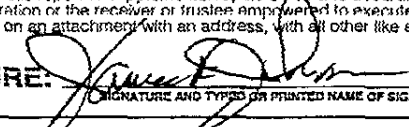
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when retreating) 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	
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10. OFFICERS AND DIRECTORS		000000106582 04/08/04-80021-021 150.00 DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOHNSON, JAMES F. 9491 EVERGREEN PLACE DAVIE, FL 33324	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOHNSON, C. ANN 9491 EVERGREEN PLACE DAVIE, FL 33324	
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 exemption stated in Section 119.07(3)(X), 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:  **JAMES F. JOHNSON** 4-05-2004 954-822-1007
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #