2005 FOR PROFIT CORPORATION

ANNUAL REPORT (AR) DOCUMENT # P00000066738 1. Entity Name B&J'S QUALITY CRAFTSMANSHIP, INC.



FILED May 04, 2005 8:00 am Secretary of State 05-04-2005 90151 022 ***158.75

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Principal Place of Business			Mailing Address						
18688 AUTU HUDSON FL	JMN LAKE BLV . 34667	D.	PO BOX 3157 SPRING HILL FL 34611						
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2. Principal P	Place of Business		3. Mailing Address						
Suite, Apt.	#, etc.		Suite, Apt. #, etc.			1st MOORE CR2E034 (10/04)			
City & State	10		City & State			4. FEI Number 59-3699571 Applied For Not Applicable			
Zip		ountry	Zip	Country		5. Certificate of Status Desired Status Pesired Sea.75 Additional Fee Required			
	6. Name and	Address of Current	Registered Agent	gistered Agent Name		7. Name and Address of New Registered Agent			
KNOCHE, JOERG E					ivalie				
18688 AUTUMN LAKE BLVD HUDSON FL 34667					Street Address (P.O. Box Number is Not Acceptable)				
				City				FL Zip Cod	e
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									
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State 9. Election Campaign Financing \$5.00 May Trust Fund Contribution. Added to Fee								, ,	
10. OFFICERS AND DIRECTORS 11.						ADDITIONS	<u> </u> :/CHANGES TO OFFICE	RS AND DIRECTOR	SIN 11
TITLE	DPST Delete							☐ Change	Addition
NAME	KNOCHE, JOE			NAME					
STREET ADDRESS CITY-ST-ZIP	18688 AUTUM HUDSON FL 3			STREET ADDRESS CNY-ST-ZIP		•			
TITLE	1		☐ Delete	TITLE				☐ Change	☐ Addition
NAME			<u> </u>	NAME					
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CITY-ST-ZIP		ermation supplied wit	h this filing does not qualify t		ST-ZIP	action 110.07/31	Vi) Florido Ctatutas I fue	·····	

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:

JOEN JOHN JOERS KNOO SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Joerg Knoche

Direktor

04/26/05

727-862-7500