


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 28, 2004 08:00 AM
Secretary of State

DOCUMENT # P00000070951	
1. Entity Name J & J & JONES ENTERPRISE INC.	

Principal Place of Business 401 SE 15TH STREET IMMOKALEE, FL 34142	Mailing Address 401 SE 15TH STREET IMMOKALEE, FL 34142
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DO NOT WRITE IN THIS SPACE



04222004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3656157	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

JONES, EUGENE
401 SE 15TH STREET
IMMOKALEE, FL 34142

**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 _____

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

000000134819
04/28/04-80034-014 158.75

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD MCCRAY, JOHNNY M 44436 RALEIGH ST. ORLANDO, FL 32811
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD JONES, EUGENE P.O. BOX 09 H ST. IMMOKALEE, FL 34142
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D JONES, OJAHNAY 401 SE 15TH STREET IMMOKALEE, FL 34142
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D JONES, EUGENE JR 401 SE 15TH STREET IMMOKALEE, FL 34142
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 exemption stated in Section 119.07(3)(f), 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/04

Date

239-657-6853

Daytime Phone #