

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000106658

Entity Name: J2 ENGINEERING, INC.

FILED
May 07, 2008
Secretary of State

Current Principal Place of Business:

6921 PISTOL RANGE RD.
SUITE 101
TAMPA, FL 33635

New Principal Place of Business:

Current Mailing Address:

6921 PISTOL RANGE ROAD
SUITE 101
TAMPA, FL 33635

New Mailing Address:

FEI Number: 59-3754367 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MORALES, JOSE PRES
6921 PISTOL RANGE ROAD
SUITE 101
TAMPA, FL 33635 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P,D () Delete
Name: MORALES, JOSE
Address: 9314 ROCKPORT PLACE
City-St-Zip: TAMPA, FL 33626 US

Title: V () Delete
Name: PORTOFE, FRED
Address: 4607 COUNTRY HILLS DR
City-St-Zip: TAMPA, FL 33624 US

Title: V () Delete
Name: MUELLER, DONALD
Address: 1707 SW 108TH ST
City-St-Zip: GAINESVILLE, FL 32607 US

Title: S () Delete
Name: MORALES, NORMA
Address: 9314 ROCKPORT PLACE
City-St-Zip: TAMPA, FL 33626 US

Title: V () Delete
Name: FORINO, DONALD J
Address: 6013 WILLIAMSBURG WAY
City-St-Zip: TAMPA, FL 33625 US

Title: V () Delete
Name: JOHNSON, LORI S
Address: 9901 SADDLE ROAD
City-St-Zip: TAMPA, FL 33626 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LORI S JOHNSON

VP

05/07/2008

Electronic Signature of Signing Officer or Director

_____ Date