## 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

changed, or on an attachment with an address, with all other like empowered.

## Mar 11, 2005 8:00 am **Secretary of State** DOCUMENT # P01000115593 1. Entity Name 03-11-2005 90304 043 \*\*\*150.00 J N J VENTURES, INC. Principal Place of Business Mailing Address 1110 OLD DIXIE HIGHWAY 1110 OLD DIXIE HIGHWAY SUITE A2 VERO BEACH FL 32960 SUITE A2 VERO BEACH FL 32960 2. Principal Place of Business 3. Mailing Address 445 10 th ST.S.W 445 10KL ST. S.W. Suite, Apt. #, etc 1st MOORE CR2E034 (10/04) City & State 4. FEI Number Applied For VeRo 01-0588965 Not Applicable Country Country \$8.75 Additional 32962 5. Certificate of Status Desired USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PASSMORE, EARL L 1110 OLD DIXIE HIGHWAY SUITE A2 VERO BEACH FL 32960 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) FILE NOW!!!: FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. TITLE ☐ Delete TITLE SAMe 445 10 KL 57.5.W PASSMORE, EARL L STREET ADDRESS 1110 OLD DIXIE HIGHWAY #A2 STREET ADDRESS Vero Beach, F1. 32962 CITY-ST-7IP VERO BEACH FL 32960 CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Addition PASSMORE, GAY S NAME Same NAME 1110 OLD DIXIE HIGHWAY #A2 STREET ADDRESS STREET ABORESS Vero Beach F1. 32962 VERO BEACH FL 32960 CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change Addition Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-\$T-ZIP 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)(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

FILED

SAY 5. PASSMORE 3/7/05 772-633-63/0