
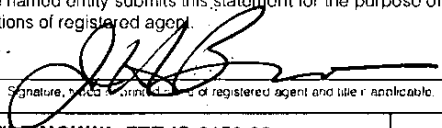
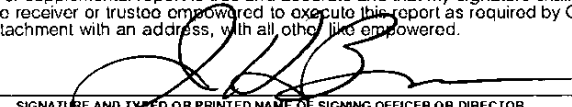


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 08, 2007 8:00 am**  
**Secretary of State**

02-08-2007 90059 034 \*\*\*150.00

<b>DOCUMENT # P02000009396</b> 1. Entity Name <b>J &amp; S ENTERPRISES OF NORTH PORT, INC.</b>					
Principal Place of Business <b>1631 5TH STREET</b> <b>ENGLEWOOD FL 34223</b> <b>BRICK HOUSE BUFFET</b>			Mailing Address <b>1631 5TH STREET</b> <b>ENGLEWOOD FL 34223</b>		
2. Principal Place of Business - No P.O. Box # <b>1938 KING'S HWY</b> Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State <b>PORT CHARLOTTE FL</b>		City & State _____		4. FEI Number <b>01-0573311</b>	
Zip <b>33980</b> Country <b>USA</b>		Zip _____ Country _____		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>BROWN, JAMES H</b> <b>1221 S. SUMTER BLVD.</b> <b>NORTH PORT FL 34257</b>				7. Name and Address of New Registered Agent Name <b>BROWN, JAMES H.</b> Street Address (P.O. Box Number is Not Acceptable) <b>1631 5TH ST.</b> City <b>ENGLEWOOD FL</b> Zip Code <b>34223</b>	
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  <small>Signature, in ink, of individual or registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>				DATE <b>1/29/7</b>	
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P BROWN, JAMES H 1631 FIFTH ST. ENGLEWOOD FL 34223		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V BROWN, STEVEN S 12282 N. 22ND ST., #1127 TAMPA FL 33612		TITLE NAME STREET ADDRESS CITY - ST - ZIP	V BROWN, STEVEN S. X 2462 SEAGULL LANE NORTH PORT FL 34287	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			DATE <b>1/29/7</b> <b>941-473-2962</b> <small>Date Daytime Phone #</small>		