

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 21, 2005 8:00 am**  
**Secretary of State**

03-21-2005 90128 037 \*\*\*150.00

**DOCUMENT # P02000025836**

1. Entity Name  
**J & J OF SOUTHWEST FLORIDA, INC.**



Principal Place of Business  
**18501 MURDOCK CIRCLE, SIXTH FLOOR  
PORT CHARLOTTE, FL 33948**

Mailing Address  
**PO BOX 495577  
PORT CHARLOTTE, FL 33949**

**50029864**



02212005 Chg-P CR2E034 (10/03)

2. Principal Place of Business

**P.O. BOX 495577**

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**PORT CHARLOTTE FL**

City & State

City & State

Zip

**33949-5577**

Country

**US**

Zip

Zip

Country

Country

4. FEI Number

**54-2099174**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**RUSSELL, W. KEVIN  
18501 MURDOCK CIRCLE, SIXTH FLOOR  
PORT CHARLOTTE, FL 33948**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

7. Name and Address of New Registered Agent

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, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **D** ☒ Delete  
NAME **RUSSELL, W. KEVIN**  
STREET ADDRESS **18501 MURDOCK CIRCLE, SIXTH FLOOR**  
CITY-ST-ZIP **PORT CHARLOTTE, FL 33948**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
NAME **P. CLEMENTE GRASLAND**  
STREET ADDRESS **P.O. BOX 495577**  
CITY-ST-ZIP **PORT CHARLOTTE FL 33949-5577**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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 changed, or on an attachment with an address, and that I am otherwise empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**3/15/05**