


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

**Apr 09
Seci**

DOCUMENT # P02000061593 1. Entity Name JJF INVESTMENTS, INC.	
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Principal Place of Business 17903 CRAWLEY ROAD ODESSA, FL 33556	Mailing Address 17903 CRAWLEY ROAD ODESSA, FL 33556
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DO NOT WRITE IN THIS SPACE



04072005 No Chg-P CR2E034 (10/03)

4. FEI Number 02-0615263	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

FARNSWORTH, JIMMY J
17903 CRAWLEY ROAD
ODESSA, FL 33556

**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: Jimmy J. Farnsworth (SAME) NO CHANGE 4/8/05
Signature based on printed name of registered agent and use if applicable (NOTE: Registered Agent Signature required when registration) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY- ST- ZIP	PSTD FARNSWORTH, JIMMY J 17903 CRAWLEY ROAD ODESSA, FL 33556
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04/09/05-80025-005 150.00

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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: Jimmy J. Farnsworth 4/8/05 (813926 5356)
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone if

JIMMY J. FARNSWORTH