

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000076368

FILED
Apr 28, 2004
Secretary of State

Entity Name: J & J ENTERPRISES OF OCALA, INC.

Current Principal Place of Business:

2707 SW 33RD AVENUE
813
OCALA, FL 34474

New Principal Place of Business:

10183 SW 84TH AVENUE RD
OCALA, FL 34481

Current Mailing Address:

2707 SW 33RD AVENUE
813
OCALA, FL 34474

New Mailing Address:

10183 SW 84TH AVENUE RD
OCALA, FL 34481

FEI Number: 03-0466548

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEONE, JAMES F
2707 SW 33RD AVENUE`
813
OCALA, FL 34474

Name and Address of New Registered Agent:

LEONE, JAMES F
10183 SW 84TH AVENUE RD
OCALA, FL 34481

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:

04/28/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: LEONE, JAMES F
Address: 2707 SW 33RD AVENUE, #813
City-St-Zip: OCALA, FL 34474

Title: VP () Delete
Name: FERRARO, JASON J
Address: 2707 SW 33RD AVENUE, #813
City-St-Zip: OCALA, FL 34474

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: C/P (X) Change () Addition
Name: LEONE, JAMES F
Address: 10183 SW 84TH AVENUE RD
City-St-Zip: OCALA, FL 34481

Title: VP (X) Change () Addition
Name: FERRARO, JASON J
Address: 10183 SW 84TH AVENUE RD
City-St-Zip: OCALA, FL 34481

Title: D/S () Change (X) Addition
Name: ADAMSON, LINDA M
Address: 7433 SW 106TH STREET
City-St-Zip: OCALA, FL 34476

Title: D () Change (X) Addition
Name: ADAMSON, JOHN K
Address: 7433 SW 106TH STREET
City-St-Zip: OCALA, FL 34476

I hereby certify that the information supplied with this filing does not qualify for the 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 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: LINDA M. ADAMSON

D/S

04/28/2004

Electronic Signature of Signing Officer or Director

Date