## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P02000098797

DEVIVO, JODI L

1672 FARMINGTON CIRCLE

WELLINGTON, FL 33414

Name:

Address:

City-St-Zip:

Entity Name: J&J BAR STOOL HEAVEN, INC.

FILED Apr 28, 2006 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 111 S STATE RD 7 ROYAL PALM BEACH, FL 33411 **Current Mailing Address: New Mailing Address:** 111 S STATE RD 7 ROYAL PALM BEACH, FL 33411 FEI Number: 30-0114626 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: DEVIVO, JODI 1672 FARMINGTON CIRCLE WELLINGTON, FL 33414 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: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete Title: (X) Change ( ) Addition HARVIE, JOHN C DEVIVO, JODI L Name: Name: 281 STELLA MARIS 1672 FARMINGTON CIRCLE Address: Address: City-St-Zip: NAPLES, FL 34114 City-St-Zip: WELLINGTON, FL 33414 Title: VD (X) Delete Title: () Change () Addition Name: HARVIE, KAREN Name: 281 STELLA MARIS Address: Address: NAPLES, FL 34114 City-St-Zip: City-St-Zip: Title: Title: SD (X) Delete () Change () Addition DEVIVO, JODI L Name: Name: 1672 FARMINGTON CIRLCE Address: Address: City-St-Zip: WELLINGTON, FL 33414 City-St-Zip: Title: TD (X) Delete Title: () Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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.

Name:

Address:

City-St-Zip:

SIGNATURE: JODI L. DEVIVO PD 04/28/2006