

PAGE 1 of 2

06-23-2005 90001 012 ***150.00
P03000006730

FILED

05 DEC 20 11 9 25

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000006730

1. Entity Name
B & J MANAGEMENT TEAM, INC.



Principal Place of Business
4394 PALM BEACH BLVD
FT MYERS, FL 33905

Mailing Address
4394 PALM BEACH BLVD
FT MYERS, FL 33905

40089239

B 12/20/05



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04182005 Chg-P CR2E034 (10/03)

City & State

City & State

4. FEI Number
55-0816376

Applied For
No Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

VALERE, GERARD
4394 PALM BEACH BLVD
FT MYERS, FL 33905

Name

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

City

FL

Zip Code

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 of agent or principal of registered agent and fee \$8.75

NOTE: Registered agent signature required when registering

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PVT
NAME VALERE, GERARD S
STREET ADDRESS 23080 NEWCUN AVE
CITY-STATE-ZIP PORT CHARLOTTE, FL 33980 ☐ Delete

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

TITLE S
NAME VALERE, YVES
STREET ADDRESS 4394 PALM BEACH BLVD
CITY-STATE-ZIP FT MYERS, FL 33905 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ Delete

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CITY-STATE-ZIP ☐ Change ☐ Addition

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CITY-STATE-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ Delete

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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. 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 law empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

STATE OF FLORIDA

Page 2 of 2

B&J Management Team INF
4394 Palm Beach Blvd
FT Myers, FL 33905

December 8, 2005

Florida Department of State
Division of Corporation
P.O. Box 1500
Tallahassee, FL. 32302

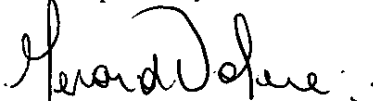
Subject: Request to wave penalty

Please be advised that the annual report was timely filed, and the fee of \$150.00 was also Paid within 30 days period granted by your department, .Upon receipt of your letter date May 11 , 2005, a check of \$ 150.00 was immediately sent to your office before June 11, 2005.I am requesting the department to waive the penalty of \$400.00 charged to the corporation.

Thank your for your understanding in this matter.

If you have any questions please feel free to call me at 941-815-7448

Respectfully,



Gerard Valere