

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 08, 2005 8:00 am
Secretary of State

03-08-2005 90183 046 ***150.00

DOCUMENT # P03000025911

1. Entity Name
JO-JO ASSOCIATION INC.



Principal Place of Business

6211 65TH PLACE EAST
PALMETTO, FL 34221 US

Mailing Address

6211 65TH PLACE EAST
PALMETTO, FL 34221 US

50023655



01112005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
93-1332400

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

TRINKAUS, PEGGY L
6211 65TH PLACE EAST
PALMETTO, FL 34221

**DO NOT WRITE
IN THIS SPACE**

6. 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
NAME
STREET ADDRESS
CITY-ST-ZIP
PRES
TRINKAUS, PEGGY L
6211 65TH PLACE EAST
PALMETTO, FL 34221

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SEC
TRINKAUS, JOE P
6211 65TH PLACE EAST
PALMETTO, FL 34221

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
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)(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, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/3/05

Date

941-721-6448

Daytime Phone #