


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 05, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000082858
 1. Entity Name
J & J OF FORT WALTON BEACH, II, INC.



Principal Place of Business Mailing Address
804 FAIRVIEW DRIVE **804 FAIRVIEW DRIVE**
FORT WALTON BEACH FL 32547 **FORT WALTON BEACH FL 32547**

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
 Zip Country Zip Country



1st MOORE CR2E034 (10/04)

4. FEI Number **02-0701238** Applied For Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
DONALDSON, JOHNNY R JR
804 FAIRVIEW DRIVE EAST
FORT WALTON BEACH FL 32547

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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 NAME STREET ADDRESS CITY - ST - ZIP	D DONALDSON, JOHNNY R JR 804 FAIRVIEW DRIVE EAST FORT WALTON BEACH FL 32547 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add 000000216028 02/05/05-80032-021 150.00
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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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  2205 850-802-1721
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #