


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 16, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P03000092318</b>	
1. Entity Name <b>ELWYN &amp; J ENTERPRISES, INC.</b>	

Principal Place of Business <b>20205 SW 296TH ST HOMESTEAD, FL 33030</b>	Mailing Address <b>20205 SW 296TH ST HOMESTEAD, FL 33030</b>
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DO NOT WRITE IN THIS SPACE



01072006 No Chg-P CR2E034 (11/05)

4. FEI Number  
**75-3128428**

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

6. Name and Address of Current Registered Agent

**TICE, JAMES E  
16220 SW 280 ST  
HOMESTEAD, FL 33031**

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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 am the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>0000007436759 02/28/06-80014-005 150.00</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D WILLIAMS, ELWYN G 20205 SW 296TH ST HOMESTEAD, FL 33030
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D WILLIAMS, JANICE 20205 SW 296 ST HOMESTEAD, FL 33030
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 changed, or on an attachment with an address, with all other like empowered.

*Elwyn Williams*