


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Feb 07, 2006 08:00 AM
Secretary of State**

DOCUMENT # P03000106185 1. Entity Name JJ & P OF FORT MYERS, INC.	
--	---

Principal Place of Business 2710 DEL PRADO BLVD #2 CAPE CORAL, FL 33904	Mailing Address 2710 DEL PRADO BLVD #2 CAPE CORAL, FL 33904
---	---



01062006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 76-0742158	Applied For Not Applicable
-----------------------------	-------------------------------

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	--

6. Name and Address of Current Registered Agent KRUPICK, PAUL C 11630 PINE HAMMOCK CIRCLE FORT MYERS, FL 33919

**DO NOT WRITE
IN THIS SPACE**

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, 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, 2006 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	D KRUPICK, PAUL C 11630 PINE HAMMOCK CIRCLE FORT MYERS, FL 33919
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CALHOUN-KRUPICK, JULIE 11630 PINE HAMMOCK CIRCLE FORT MYERS, FL 33919
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	

1100000424253
02/18/06-80040-011 150.00

**DO NOT WRITE
IN THIS SPACE**

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 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

1/10/06 239-573-0500
Date Daytime Phone #