

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2004 8:00 am
Secretary of State

02-09-2004 90060 006 ***150.00

DOCUMENT # P03000110328

1. Entity Name
J & J ENTERPRISES OF FLAGLER COUNTY, INC.



Principal Place of Business
**421 COUNTY RD 115 S
BUNNELL, FL 32110**

Mailing Address
**421 COUNTY RD 115 S
BUNNELL, FL 32110**

94012595



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02042004

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number

20-0683149

Applied For

Not 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

**JANKOWSKI, THERESA D
421 COUNTY RD 115 S
BUNNELL, FL 32110**

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

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, 2004 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 **P** ☒ Delete
NAME **JANKOWSKI, LARRY JOE**
STREET ADDRESS **450 COUNTY RD 115 S**
CITY-STATE-ZIP **BUNNELL, FL 32110**

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

TITLE **V** ☐ Delete
NAME **JANKOWSKI, DENNIS R**
STREET ADDRESS **421 COUNTY RD 115 S**
CITY-STATE-ZIP **BUNNELL, FL 32110**

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

TITLE **ST** ☐ Delete
NAME **JANKOWSKI, THERESA D**
STREET ADDRESS **421 COUNTY RD 115 S**
CITY-STATE-ZIP **BUNNELL, FL 32110**

TITLE **President** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE **ST** ☐ Change ☒ Addition
NAME **Gail Harris**
STREET ADDRESS **519 Sandy Oaks Blvd.**
CITY-STATE-ZIP **Ormond Bch., FL 32174**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

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

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:

Theresa Jankowski
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-4-04
Date

386/437-2374
Daytime Phone #