

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # P03000110328

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



**FILED  
May 03, 2005 8:00 am  
Secretary of State**

05-03-2005 90063 003 \*\*\*150.00

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

Mailing Address  
421 COUNTY RD 115 S  
BUNNELL, FL 32110

**DO NOT WRITE IN THIS SPACE**

04062005 No Chg-P CR2E034 (10/03)

4. FFI Number <i>30-0206236</i>	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

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

**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, 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	V JANKOWSKI, DENNIS R 421 COUNTY RD 115 S BUNNELL, FL 32110
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JANKOWSKI, THERESA D 421 COUNTY RD 115 S BUNNELL, FL 32110
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST HARRIS, GAIL 519 SANDY OAKS BLVD ORMOND BEACH, FL 32174
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SRV STOVER, TRALISA 400 COUNTY ROAD 115 S BUNNELL, FL 32110
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:** *Theresa Jankowski* **Theresa Jankowski 4/25/05 386-4372374**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #