


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

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

05-03-2005 90063 003 ***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 |
|---|---|

DO NOT WRITE IN THIS SPACE



04062005 No Chg-P CR2E034 (10/03)

| | |
|--|-------------------------------|
| 4. FFI Number 30-0206236 | 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. <input type="checkbox"/> \$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 3864372374
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #