

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 03, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # P03000118927

1. Entity Name  
J & J DIVERSIFIED INVESTMENTS, INC.



Principal Place of Business      Mailing Address  
5657 LEITNER DRIVE EAST      5657 LEITNER DRIVE EAST  
CORAL SPRINGS, FL 33067 US      CORAL SPRINGS, FL 33067 US



03012005      No Chg-P      CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
20-0469672      Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

KLEWOW, JENNIFER J  
5657 LEITNER DRIVE EAST  
CORAL SPRINGS, FL 33067

**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      P  
NAME      KLEWOW, JENNIFER J  
STREET ADDRESS      5657 LEITNER DRIVE EAST  
CITY-ST-ZIP      CORAL SPRINGS, FL 33067

TITLE      VP  
NAME      KLEWOW, JORDAN S  
STREET ADDRESS      5657 LEITNER DRIVE EAST  
CITY-ST-ZIP      CORAL SPRINGS, FL 33067

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

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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)(f), 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 persons empowered.

SIGNATURE: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JORDAN KLEWOW

Date

3-1-05

Daytime Phone #

954-969-5111