


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Jan 11, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P03000128959</b> 1. Entity Name J & J RANCH, INC.	
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Principal Place of Business 8201 96TH CT S BOYNTON BCH, FL 33437	Mailing Address 8201 96TH CT S BOYNTON BCH, FL 33437
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01042005 No Chg-P CR2E034 (10/03)

4. FEI Number 20-0422118	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent  GALIT, JEFFREY S 8201 96TH CT S BOYNTON BCH, FL 33437
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**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	DP GALIT, JEFFREY 8201 96TH CT S BOYNTON BCH, FL 33437
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GALIT, PRISCILLA 8405 93RD LANE SOUTH BOYNTON BEACH, FL 33437
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U00000177738  
01/11/05-80060-023 150.00

**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)(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 like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #