


**2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**May 31, 2005 8:00 am**  
**Secretary of State**

05-03-2005 90161 015 \*\*\*150.00

**DOCUMENT # P04000003897**

1. Entity Name  
**J & J VELLA ENTERPRISES, INC.**



Principal Place of Business      Mailing Address  
**1257 HURTIG AVENUE**      **1257 HURTIG AVENUE**  
**PORT CHARLOTTE FL 33948**      **PORT CHARLOTTE FL 33948**

**66020233**



1st MOORE      CR2E034 (10/04)

2. Principal Place of Business      3. Mailing Address  
**5488 Talisman Terr**      **5488 Talisman Terr**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State  
**North Port FL**      **North Port FL**  
 Zip      Country      Zip      Country  
**34286**      **Sarasota**      **34286**      **Sarasota**

4. FEI Number      Applied For  
**20-0543363**      Not Applicable

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

6. Name and Address of Current Registered Agent  
**VELLA, JOHN**  
**1257 HURTIG AVENUE**  
**PORT CHARLOTTE FL 33948**

7. Name and Address of New Registered Agent  
 Name      **Same**  
 Street Address (P.O. Box Number is Not Acceptable)  
**5488 Talisman Terr**  
 City      **North Port**      State      **FL**      Zip Code      **34286**

B. 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.       **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	VELLA, JOHN	
STREET ADDRESS	1257 HURTIG AVENUE	
CITY-ST-ZIP	PORT CHARLOTTE FL 33948	
TITLE	VP	<input type="checkbox"/> Delete
NAME	VELLA, JANICE L	
STREET ADDRESS	1257 HURTIG AVENUE	
CITY-ST-ZIP	PORT CHARLOTTE FL 33948	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	5488 Talisman Terr	
CITY-ST-ZIP	North Port FL 34286	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	5488 Talisman Terr	
CITY-ST-ZIP	North Port FL 34286	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-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: Janice Vella  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-27-05 941-423-7884**  
Date Daytime Phone #