

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000003897

FILED  
Apr 14, 2009  
Secretary of State

Entity Name: J & J VELLA ENTERPRISES, INC.

## Current Principal Place of Business:

5488 TALISMANN TERRACE  
NORTH PORT, FL 34286

## New Principal Place of Business:

5488 TALISMAN TERRACE  
NORTH PORT, FL 34286

## Current Mailing Address:

5488 TALISMANN TERRACE  
NORTH PORT, FL 34286

## New Mailing Address:

5488 TALISMAN TERRACE  
NORTH PORT, FL 34286

FEI Number: 20-0543363

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

VELLA, JOHN  
5488 TALISMANN TERRACE  
NORTH PORT, FL 34286 US

## Name and Address of New Registered Agent:

VELLA, JOHN  
5488 TALISMAN TERRACE  
NORTH PORT, FL 34286 US

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.

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

Electronic Signature of Registered Agent

04/14/2009

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: VELLA, JOHN  
Address: 5488 TALISMANN TERRACE  
City-St-Zip: NORTH PORT, FL 34286

Title: VP ( ) Delete  
Name: VELLA, JANICE L  
Address: 5488 TALISMANN TERRACE  
City-St-Zip: NORTH PORT, FL 34286

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: VELLA, JOHN  
Address: 5488 TALISMAN TERRACE  
City-St-Zip: NORTH PORT, FL 34286

Title: VP (X) Change ( ) Addition  
Name: VELLA, JANICE L  
Address: 5488 TALISMAN TERRACE  
City-St-Zip: NORTH PORT, FL 34286

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JANICE L VELLA

Electronic Signature of Signing Officer or Director

VP

04/14/2009

Date