


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 05, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # P04000057577**


1. Entity Name  
**J. FLANNERY INVESTMENTS, INC.**



Principal Place of Business      Mailing Address

3446 SE HART CIRCLE      3446 SE HART CIRCLE  
 PORT SAINT LUCIE, FL 34984      PORT SAINT LUCIE, FL 34984

**DO NOT WRITE IN THIS SPACE**



01102007    No Chg-P    CR2E034 (11/05)

4. FEI Number <b>20-1087737</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

FLANNERY, JOHN  
 3446 SE HENT CIR  
 PORT SAINT LUCIE, FL 34984

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reissuing)      DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00**

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

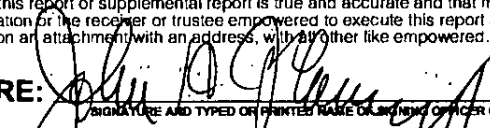
10. OFFICERS AND DIRECTORS

TITLE	D.
NAME	FLANNERY, JOHN
STREET ADDRESS	3446 SE HART CIR
CITY-ST-ZIP	PORT SAINT LUCIE, FL 34984
TITLE	D
NAME	KURISKO, GLORIA
STREET ADDRESS	3446 SE HART CIR
CITY-ST-ZIP	PORT SAINT LUCIE, FL 34984
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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 04/11/07-80068-007 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:       4/4/07      772-344-3156

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #