## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P04000067029

City-St-Zip:

CAPE CORAL, FL 33914

Entity Name: DOUBLE J TRADING, INC.

FILED Jan 29, 2006 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 5779 SW 9TH CT CAPE CORAL, FL 33914 **Current Mailing Address: New Mailing Address:** 5779 SW 9TH CT CAPE CORAL, FL 33914 FEI Number: 20-1070326 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: JURKIEWICZ, JOSEPH E 5779 SW 9TH CT. CAPE CORAL, FL 33914 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 Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: D/P ( ) Delete Title: () Change () Addition JURKIEWICZ, JOSEPH E Name: Name: 5779 SW 9TH CT. Address: Address: City-St-Zip: CAPE CORAL, FL 33914 City-St-Zip: Title: D/VP Title: (X) Change ( ) Addition () Delete Name: AUTEN, LINDA R Name: AUTEN JURKIEWICZ, LINDA R 5779 SW 9TH CT. 5779 SW 9TH CT. Address: Address: CAPE CORAL, FL 33914 CAPE CORAL, FL 33914 City-St-Zip: City-St-Zip: Title: ( ) Delete Title: () Change () Addition JURKIEWICZ, JILL S Name: Name: 5779 SW 9TH CT Address: Address: City-St-Zip: CAPE CORAL, FL 33914 City-St-Zip: Title: ( ) Delete Title: () Change () Addition AUTEN, LINDA R Name: Name: Address: 5779 SW 9TH CT. Address:

I hereby certify that the information supplied with this filing does not qualify for the 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.

City-St-Zip:

SIGNATURE: JOSEPH E. JURKIEWICZ PRES 01/29/2006