


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 25, 2005 8:00 am**  
**Secretary of State**

03-18-2005 90059 033 \*\*\*150.00

<b>DOCUMENT # P04000068425</b>	
1. Entity Name <b>COLLECTIONS &amp; TREASURES BY JOJO, INC</b> <b>TREASURES</b>	

Principal Place of Business <b>5379 DOMINICA CIRCLE SARASOTA, FL 34233</b>	Mailing Address <b>5379 DOMINICA CIRCLE SARASOTA, FL 34233</b>
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**66012543**



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

02222005 Chg-P CR2E034 (10/03)

4. FEI Number <b>20-1047212</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>

6. Name and Address of Current Registered Agent <b>MOHR, JOAN 5379 DOMINICA CIRCLE SARASOTA, FL 34233</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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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 state if applicable. (NOTE: Registered Agent signature required when re-registering) DATE

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P JOAN, MOHR 5379 DOMINICA CIRCLE SARASOTA, FL 34233</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MOHR, Jo Ann</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>(Change in spelling of name only) Person is same as in # 10.</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP WILLIAM, MOHR 5379 DOMINICA CIRCLE SARASOTA, FL 34233</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Jo Ann Mohr **3-11-05** **MoHR** **(941) 922-2984**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT  
PB4000068425

66012543

<b>JO ANN MOHR</b> 5379 DOMINICA CIR. 941-371-5197 SARASOTA, FL 34233-3818		8978/2631 28	1452
DATE		3-11-05	
PAY TO THE ORDER OF		71- Sept. 8 State \$ 150 <sup>00</sup>	
One Hundred fifty & <sup>00</sup> / <sub>100</sub>		DOLLARS	
 <b>COLONIAL BANK.</b> Sarasota, Florida 24 Hr Colonial Connection 1-877-502-2265		<b>CLASSIC ADVANTAGE</b>	
FOR		Coll. & Treas. by Jo Jo Inc. Jo Ann Mohr	
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