


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 18, 2007 8:00 am**  
**Secretary of State**

04-16-2007 90041 009 \*\*\*150.00

<b>DOCUMENT # P04000069451</b>	
1. Entity Name J & J CUSTOM INC.	

Principal Place of Business 4360 DAIRY RD MELBOURNE, FL 32904	Mailing Address 4360 DAIRY RD MELBOURNE, FL 32904
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**DO NOT WRITE IN THIS SPACE**



01042007 No Chg-P CR2E034 (11/05)

4. FEI Number 52-2442113	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

WHITCOMB, JOEL L  
4360 DAIRY RD  
MELBOURNE, FL 32904

**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: *Joel L Whitcomb* DATE: *4/10/07*

(NOTE: Registered Agent signature required when registering)

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PT WHITCOMB, JOEL L 4360 DAIRY RD MELBOURNE, FL 32904
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VS WHITCOMB, JULIA A 4360 DAIRY RD MELBOURNE, FL 32904
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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IN THIS SPACE**

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: *Joel L Whitcomb* DATE: *4/10/07* DAYTIME PHONE: *321-432-2100*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR