

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P04000069451

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

WHITCOMB, JOEL L
4360 DAIRY RD
MELBOURNE, FL 32904

01042007 No Chg-P CR2E034 (11/05)

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

Julia A. Whitcomb, test.

(Signature typed or printed name of registered agent and title if applicable)

4/10/07

DATE

(NOTE: Registered Agent signature required when remitting)

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: PT
NAME: WHITCOMB, JOEL L
STREET ADDRESS: 4360 DAIRY RD
CITY-ST-ZIP: MELBOURNE, FL 32904

TITLE: VS
NAME: WHITCOMB, JULIA A
STREET ADDRESS: 4360 DAIRY RD
CITY-ST-ZIP: MELBOURNE, FL 32904

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

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: *Julia A. Whitcomb, test.*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/07 321-432-2102

Date Daytime Phone #



DO NOT WRITE IN THIS SPACE

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IN THIS SPACE**