


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 12, 2005 8:00 am**  
**Secretary of State**

08-12-2005 90001 025 \*\*\*163.75

<b>DOCUMENT # P04000076606</b>	
1. Entity Name <b>JJ WILSON ENTERPRISES INC</b>	

Principal Place of Business <b>11325 SEAGRASS CIRCLE BOCA RATON, FL 33498</b>	Mailing Address <b>11325 SEAGRASS CIRCLE BOCA RATON, FL 33498</b>
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2. Principal Place of Business <b>13031 SALINAS POINTWAY</b>	3. Mailing Address <b>13031 SALINAS POINTWAY</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>DETRAY Beach FL</b>	City & State <b>DETRAY Beach FL</b>
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Zip <b>33446</b>	Country <b>Palm Beach</b>	Zip <b>33446</b>	Country <b>Palm Beach</b>
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6. Name and Address of Current Registered Agent <b>WILSON, JEROME 11325 SEAGRASS CIRCLE BOCA RATON, FL 33498</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: <i>Jerome Wilson</i> DATE: <i>8/1/05</i>	
(NOTE: Registered Agent signature required when reinstating)	

<b>FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input checked="" 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 WILSON, JEROME 11325 SEAGRASS CIRCLE BOCA RATON, FL 33498</b> <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
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: <i>Jerome Wilson</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date: <i>8/1/05</i> Daytime Phone #: <i>561-504-9841</i>

ATTACHMENT

Division of Corporations  
P.O. Box 6198  
Tallahassee, Fl. 32314-6199  
Re: FEI # 331091846

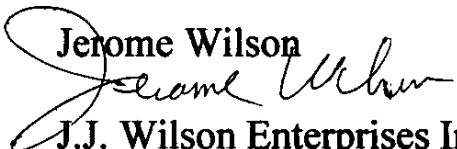
50061209  
# P04 000076608

To Whom it May Concern

Because of a move to a new location our report  
is late. We had not been getting any mail because  
it is a new area.

I spoke to an agent Ms. Barb Mitchell and explained  
the problem of the late filing.

Thank you for any consideration,

Jerome Wilson  
  
J.J. Wilson Enterprises Inc.  
13031 Salinas Point Way  
Delray Beach Fl 33446

Document # P04000076608