

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000087472

1. Entity Name  
J & J HOME TECHNOLOGIES INC.



FILED  
05 SEP -2 PM 2:00  
SECT.  
TALLAHASSEE

Principal Place of Business  
~~2465 NUGGET LANE~~  
TALLAHASSEE, FL 32303

Mailing Address  
~~2465 NUGGET LANE~~  
TALLAHASSEE, FL 32303



2. Principal Place of Business  
2912-1 Crescent Dr.  
Suite, Apt. #, etc.

3. Mailing Address  
2912-1 Crescent Dr.  
Suite, Apt. #, etc.

09022005 Chg-P CR2E034 (10/03)

City & State  
Tallahassee, FL

City & State  
Tallahassee, FL

4. FEI Number ☒ Applied For  
Not Applicable

Zip  
32301 Country  
Leon

Zip  
32301 Country  
Leon

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

WESTER, JASON  
~~2465 NUGGET LANE~~  
TALLAHASSEE, FL 32303

## 7. Name and Address of New Registered Agent

Name Jason Wester  
Street Address (P.O. Box Number is Not Acceptable)  
2912-1 Crescent Dr  
City Tallahassee, FL Zip Code 32301

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] DATE 9-2-05  
(NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00  
Due by September 7, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be  
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

## 10. OFFICERS AND DIRECTORS

TITLE	CEO	<input checked="" type="checkbox"/> Delete
NAME	CARNLEY, JASON	
STREET ADDRESS	<del>4353 KELSON AVE</del>	
CITY-ST-ZIP	MARIANNA, FL 32446	
TITLE	P	<input type="checkbox"/> Delete
NAME	WESTER, JASON	
STREET ADDRESS	2465 NUGGET LANE	
CITY-ST-ZIP	TALLAHASSEE, FL 32303	
TITLE	T	<input type="checkbox"/> Delete
NAME	SMITH, CHARLIE	
STREET ADDRESS	2465 NUGGET LANE	
CITY-ST-ZIP	TALLAHASSEE, FL 32303	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	500059387205	
STREET ADDRESS	09/07/05--01026--006 **150.00	
CITY-ST-ZIP		
TITLE	President/CEO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jason Wester	
STREET ADDRESS	2912-1 Crescent Dr	
CITY-ST-ZIP	Tallahassee, FL 32301	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: [Signature] DATE 9-2-05  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #