

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 01, 2006 8:00 am
Secretary of State

03-01-2006 90031 003 ***150.00

DOCUMENT # P04000087525

1. Entity Name

J & F ENTERPRISES OF CITRUS COUNTY, INC.



Principal Place of Business

**3706 S BLUE SKY POINT
HOMOSASSA FL 34448**

Mailing Address

**3706 S BLUE SKY POINT
HOMOSASSA FL 34448**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

20-1215533

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

1st MOORE

CR2E034 (10/05)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MCCALLUM, GRAFTON
3910 EMMA JANE TERRACE
HOMOSASSA FL 34448**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 individual applicant

(NOTE: Registered Agent signature required when reappointing)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **P**
STREET ADDRESS **MCCALLUM, GRAFTON**
CITY-ST-ZIP **3910 EMMA JANE TERRACE
HOMOSASSA FL 34448**

TITLE ☐ Change ☐ Addition
NAME **Jolene McCallum**
STREET ADDRESS **3910 Emma Jane**
CITY-ST-ZIP **Homosassa FL 34448**

TITLE ☐ Delete
NAME **VP**
STREET ADDRESS **SCUDDER, LELAND E**
CITY-ST-ZIP **3706 S BLUE SKY POINT
HOMOSASSA FL 34448**

TITLE ☐ Change ☐ Addition
NAME **SUE KO Scudder**
STREET ADDRESS **3706 S Blue Sky Pt**
CITY-ST-ZIP **HOMOSASSA, FL 34448**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
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 Section 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: Grafton McCallum GRAFTON McCallum

2-21-06

352 628 5924

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #