

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000106270

1. Entity Name
JG COMPANIES, INC.



**FILED
Aug 29, 2005 8:00 am
Secretary of State**

08-29-2005 90143 013 ***150.00

Principal Place of Business
**13625 N 50TH WAY #16
CLEARWATER, FL 33760**

Mailing Address
**13625 N 50TH WAY #16
CLEARWATER, FL 33760**

2. Principal Place of Business	3. Mailing Address
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50063738

City & State **City & State**

Zip	Count
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6. Name and Address

GOMEZ, JOSEF E
13625 N 50TH WAY #16
CLEARWATER, FL 33760

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 title if applicable. (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

FILE NOW!!! FEE IS \$150.00 **9. Election Campaign Financing** **\$5.00 May Be** **In accordance with s. 607.193(2)(b), F.S., the**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GOMEZ, JOSEF E 13625 N 50TH WAY #16 CLEARWATER, FL 33760	<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
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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: Joseph J. Connors SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-18-05 727-638-1379

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Daytime Phase 3