


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2006 8:00 am
Secretary of State

04-18-2006 90080 038 ***150.00

DOCUMENT # P04000136826		
1. Entity Name J.J. & M.B. ENTERPRISES, INC.		

Principal Place of Business 2946 HOWLAND BLVD. DELTONA, FL 32725 US	Mailing Address 2946 HOWLAND BLVD. DELTONA, FL 32725 US
---	---

2. Principal Place of Business 470 Buford Ave Suite, Apt. #, etc.	3. Mailing Address 470 Buford Suite, Apt. #, etc.
---	---

City & State Orange City, FL Zip 32763 Country USA	City & State Orange City, FL Zip 32763 Country USA
---	---

6. Name and Address of Current Registered Agent

MAEINOWSKI, LISA L
2946 HOWLAND BLVD.
DELTONA, FL 32725

04082006 Chg-P CR2E034 (11/05)	
4. FEI Number 20-1708276	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

7. Name and Address of New Registered Agent

Name JANICE A JONES
Street Address (P.O. Box Number is Not Acceptable)
470 Buford Ave
City ORANGE CITY FL Zip Code 32763

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 *Janice A Jones* *JANICE A JONES* 4-10-06
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 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	---

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P NAME JONES, JANICE A STREET ADDRESS 2946 HOWLAND BLVD. CITY-ST-ZIP DELTONA, FL 32738	<input type="checkbox"/> Delete	TITLE 470 NAME JONES, JANICE A STREET ADDRESS 470 Buford Ave CITY-ST-ZIP Orange City, FL 32763	<input checked="" 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 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: *Janice A Jones* *JANICE A JONES* 4-10-06 386-837-9020
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #