


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 28, 2006 8:00 am**  
**Secretary of State**

07-28-2006 90031 049 \*\*\*158.75

<b>DOCUMENT # P05000103192</b>	
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Principal Place of Business 3333 S RIDGEWOOD AVE UNIT 2 PORT ORANGE, FL 32129	Mailing Address 3333 S RIDGEWOOD AVE UNIT 2 PORT ORANGE, FL 32129
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
Zip	Country

40101102



07192006 Chg-P CR2E034 (11/05)

4. FEI Number <b>20-3235425</b>	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  LAFRINERE, JACKIE M 3333 S RIDGEWOOD AVE UNIT 2 PORT ORANGE, FL 32129	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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: *Jackie M. Lafrinere, Pres.* **JACKIE M. Lafrinere** 7-24-06  
(Signature, typed or printed name of registered agent and filer if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW!!! FEE IS \$550.00 Due by September 6, 2006</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P.T LAFRINERE, JACKIE M 3333 S RIDGEWOOD AVE UNIT 2 PORT ORANGE, FL 32129 <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	V.S LAFRINERE, JOSEPH H 5881 AZALEA STREET PORT ORANGE, FL 32127 <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: *Jackie M. Lafrinere, Pres.* **JACKIE M. Lafrinere** 7-24-06 386-767-9598  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

ATTACHMENT

40101102

7-24-06

#P05000103192

Divisions of Corporations

PO Box 6327

Tallahassee, Fla. 32314

DEARSIRS:

I AM writing to let you know that I did not  
Receive a notice in the mail to file this form  
and Fee for the Annual Report/Reinstatement.

I have Enclosed a check for \$158.75 for  
the Annual Report and certificate of Status.

Please let me know if there is anything  
else I need to do.

Sincerely

Jackie M. LeFrinere, Pres

J J LAF, Inc

3333 S. Ridgewood Av. #2

Port Orange, FL 32129

FEI # 20-3235425



ATTACHMENT

40101102

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 19, 2006

J.J. LAF INC  
3333 S RIDGEWOOD AVE  
UNIT 2  
PORT ORANGE, FL 32129

SUBJECT: J.J. LAF INC  
Ref. Number: P05000103192

We have received your document for J.J. LAF INC and check(s) totaling \$245.00. However, your check(s) and document are being returned for the following:

There was not a completed annual report/reinstatement application form submitted with your check. The enclosed form must be completed in its entirety and resubmitted with the filing fee.

The fee to file the profit annual report is \$150.00 plus \$400.00 late fee for a total of \$550.00. If a certificate of status is desired, please add an additional \$8.75.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Sean Toner  
Senior Section Administrator

Letter Number: 106A00046176

**PROVISION FOR WAIVER OF THE \$400.00 LATE FEE:**

The only provision the Division of Corporations has for waiver of the \$400.00 late fee is if the annual report notice was not received. A letter stating this fact must accompany the completed annual report along with the original annual report fee.