


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 22, 2007 8:00 am**  
**Secretary of State**

05-22-2007 90012 045 \*\*\*150.00

<b>DOCUMENT # P06000015076</b>	
1. Entity Name <b>J &amp; J OF NORTH FLORIDA, INC.</b>	

Principal Place of Business <b>22222 N.E. 69TH LANE MELROSE, FL 32666</b>	Mailing Address <b>22222 N.E. 69TH LANE MELROSE, FL 32666</b>
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40117488



2. Principal Place of Business - No P.O. Box # <b>6926 NE ST RD 301</b>	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

05092007 Chg-P CR2E034 (12/06)

City & State <b>ORANGE HEIGHTS</b>	City & State
Zip <b>32640</b>	Country <b>US</b>

4. FEI Number <b>74-316 3476</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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6. Name and Address of Current Registered Agent	
<b>RABA, JOHN B 22222 N.E. 69TH LANE MELROSE, FL 32666</b>	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
<b>FL</b>	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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PT GARIGLIO, BARRY T 3754 COCO LKE DRIVE COCONUT CREEK, FL 33073</b> <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	<b>VP RABA, JOHN B 22222 N.W. 69TH LANE MELROSE, FL 32666</b> <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	<b>TREA SARAIVA, JAMES P 27 N.W. 84TH STREET GAINESVILLE, FL 32607</b> <input checked="" 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	<b>SEC. RABA, JOHN B 22222 N.W. 69TH LANE MELROSE, FL 32666</b> <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: *John B Raba*

5-8-07 352-339-1251

ATTACHMENT

40117488

#P060000015076

Dear Sir,

I did not receive Annual Report for 06  
in mail. I met with my accountant  
5/8/07 & he said to mail in  
immediately & request for a waiver.

Thank you,

John B Raba