

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2007 8:00 am
Secretary of State

05-02-2007 90075 005 ***150.00

DOCUMENT # P06000046078

1. Entity Name
J & J SHEDS, INC.



Principal Place of Business
**135 E. 4TH AVE
PIERSON, FL 32180**

Mailing Address
**135 E. 4TH AVE
PIERSON, FL 32180**

2. Principal Place of Business - No P.O. Box #
1701 N. WOODLAND BLVD
Suite, Apt. #, etc.

3. Mailing Address
P.O. BOX 484
Suite, Apt. #, etc.

40099572



03212007 Chg-P CR2E034 (12/06)

City & State
DELAND, FL
Zip **32120** Country

City & State
DELEON SPRINGS, FL
Zip **32130** Country

4. FEI Number
20-4611831
Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**INCORPORATE USA, INC.
3150 SANDY RIDGE DR
CLEARWATER, FL 33761**

7. Name and Address of New Registered Agent

Name
MARY M. JACKSON

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

1701 N. WOODLAND BLVD.

City
DELAND

FL

Zip Code **32120**

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 **Mary M. Jackson**

Signature, typed or printed name of registered agent and date if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-30-07

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**P
JACKSON, MARY M
P.O. BOX 484
DELEON SPRINGS, FL 32130** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**ST
JACKSON, JAMES D
P.O. BOX 484
DELEON SPRINGS, FL 32130** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
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☐ Delete

TITLE
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CITY - ST - ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition

NAME
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TITLE ☐ Change ☐ Addition

NAME
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CITY - ST - ZIP

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 **Michelle Jackson** **Michelle Jackson**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-30-07