

FILED
Feb 07, 2007 8:00 am
Secretary of State

02-07-2007 90050 015 ***150.00

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P06000134353

1. Entity Name
J&J ISLAND EXPORTS, INC.



Principal Place of Business
**12608 US HWY 41 SOUTH
 GIBSONTON, FL 33534**

Mailing Address
**12608 US HWY 41 SOUTH
 GIBSONTON, FL 33534**

40011112



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

3. Mailing Address
 Suite, Apt. #, etc.

01182007 Chg-P CR2E034 (12/06)

City & State

4. FEI Number
68-0637664

Applied For
 Not Applicable

Zip Country

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

6. Name and Address of Current Registered Agent

**PHILLIPS, JAMES
 5449 FORT CAROLINE RD
 JACKSONVILLE, FL 32277**

7. Name and Address of New Registered Agent

Name

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

City **FL** 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 _____
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, 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 PHILLIPS, JAMES 5449 FORT CAROLINE RD JACKSONVILLE, FL 32277	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP EYAS, JERRY 12608 US HWY 41 S GIBSONTON, FL 33534	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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: JERRY C. EYAS **JERRY C. EYAS** 1/29/07 813-741-2111
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT 4001112

006006/34353

950106

Form 941 for 2006: Employer's QUARTERLY Federal Tax Return

(Rev. January 2006) Department of the Treasury - Internal Revenue Service

OMB No. 1545-0029

Form fields for EIN, Name (J+J ISLAND EXPORTS, INC.), Trade name, Address (12608 US HWY 41 S, Gibsonton, NJ 071), and ZIP code (33534).

Report for this Quarter (Check one) box with options for quarters 1-4. Option 4 is checked.

Read the separate instructions before you fill out this form. Please type or print within the boxes.

Part 1: Answer these questions for this quarter.

- 1 Number of employees who received wages, tips, or other compensation for the pay period including: Mar. 12 (Quarter 1), June 12 (Quarter 2), Sept. 12 (Quarter 3), Dec. 12 (Quarter 4)
2 Wages, tips, and other compensation
3 Total income tax withheld from wages, tips, and other compensation
4 If no wages, tips, and other compensation are subject to social security or Medicare tax
5 Taxable social security and Medicare wages and tips:

Table with 2 columns: Column 1 and Column 2. Rows include 5a Taxable social security wages, 5b Taxable social security tips, and 5c Taxable Medicare wages & tips.

- 5d Total social security and Medicare taxes (Column 2, lines 5a + 5b + 5c = line 5d)
6 Total taxes before adjustments (lines 3 + 5d = line 6)
7 TAX ADJUSTMENTS (Read the instructions for line 7 before completing lines 7a through 7h.):

- 7a Current quarter's fractions of cents
7b Current quarter's sick pay
7c Current quarter's adjustments for tips and group-term life insurance
7d Current year's income tax withholding (attach Form 941c)
7e Prior quarters' social security and Medicare taxes (attach Form 941c)
7f Special additions to federal income tax (attach Form 941c)
7g Special additions to social security and Medicare (attach Form 941c)

- 7h TOTAL ADJUSTMENTS (Combine all amounts: lines 7a through 7g.)
8 Total taxes after adjustments (Combine lines 6 and 7h.)
9 Advance earned income credit (EIC) payments made to employees
10 Total taxes after adjustment for advance EIC (line 8 - line 9 = line 10)
11 Total deposits for this quarter, including overpayment applied from a prior quarter
12 Balance due (If line 10 is more than line 11, write the difference here.)

13 Overpayment (If line 11 is more than line 10, write the difference here.) Check one [] Apply to next return. [] Send a refund.

Name (not your trade name)

J+J ISLAND EXPORTS, INC.

Employer identification number (EIN)

68-0637664

Part 2: Tell us about your deposit schedule and tax liability for this quarter.

If you are unsure about whether you are a monthly schedule depositor or a semiweekly schedule depositor, see Pub. 15 (Circular E), section 11.

14 Write the state abbreviation for the state where you made your deposits OR write "MU" if you made your deposits in multiple states.

15 Check one: Line 10 is less than \$2,500. Go to Part 3.

You were a monthly schedule depositor for the entire quarter. Fill out your tax liability for each month. Then go to Part 3.

Tax liability: Month 1

Month 2

Month 3

Total liability for quarter Total must equal line 10.

You were a semiweekly schedule depositor for any part of this quarter. Fill out Schedule B (Form 941): Report of Tax Liability for Semiweekly Schedule Depositors, and attach it to this form.

Part 3: Tell us about your business. If a question does NOT apply to your business, leave it blank.

16 If your business has closed or you stopped paying wages Check here, and enter the final date you paid wages

17 If you are a seasonal employer and you do not have to file a return for every quarter of the year Check here.

Part 4: May we speak with your third-party designee?

Do you want to allow an employee, a paid tax preparer, or another person to discuss this return with the IRS? See the instructions for details.

Yes. Designee's name SHARON D. TURNER

Phone (813) 677-9607

Personal Identification Number (PIN) 4 9 6 0 7

No.

Part 5: Sign here. You MUST fill out both sides of this form and SIGN it.

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

X Sign your name here [Signature]

Print name and title JERRY C. EYKS VICE PRESIDENT

Date 01/29/07 Phone (813) 741-2111

Part 6: For PAID preparers only (optional)

Paid Preparer's Signature

Firm's name SHARON D TURNER INC

Address PO BOX 1042 EIN 38-3723957

RIVER VIEW FL ZIP code 33568

Date 1/17/07 Phone (813) 677-9607 SSN/PTIN P00129538

Check if you are self-employed.