


2007 FOR PROFIT CORPORATION ANNUAL REPORT

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

02-07-2007 90050 015 ***150.00

DOCUMENT # P06000134353		
1. Entity Name J&J ISLAND EXPORTS, INC.		

Principal Place of Business 12608 US HWY 41 SOUTH GIBSONTONT, FL 33534	Mailing Address 12608 US HWY 41 SOUTH GIBSONTONT, FL 33534
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40011112



2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

01182007 Chg-P CR2E034 (12/06)

4. FEI Number 68-0637664	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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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	
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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 _____
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. <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 PHILLIPS, JAMES 5449 FORT CAROLINE RD JACKSONVILLE, FL 32277 <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	VP EYAS, JERRY 12608 US HWY 41 S GIBSONTONT, FL 33534 <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: JERRY C. EYAS **1/29/07** **813-741-2111**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT

40011112

P06006/34353

950106

Form 941 for 2006:
(Rev. January 2006)

Department of the Treasury — Internal Revenue Service

OMB No. 1545-0029

(EIN) Employer identification number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Name (not your trade name)	J+J ISLAND EXPORTS, INC.								
Trade name (if any)	<input type="text"/>								
Address	12608 US HWY 41 S.								
	Number	Street	Suite or room number						
	Gibsonston, NC	71	33534						
	City	State	ZIP code						

Report for this Quarter ...
(Check one.)

- ☐ 1: January, February, March
- ☐ 2: April, May, June
- ☐ 3: July, August, September
- ☒ 4: October, November, December

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)	1	<input type="text"/>
2 Wages, tips, and other compensation	2	<input type="text"/>
3 Total income tax withheld from wages, tips, and other compensation	3	<input type="text"/>
4 If no wages, tips, and other compensation are subject to social security or Medicare tax	<input type="checkbox"/>	Check and go to line 6.
5 Taxable social security and Medicare wages and tips:		
	Column 1	Column 2
5a Taxable social security wages	<input type="text"/>	<input type="text"/>
5b Taxable social security tips	<input type="text"/>	<input type="text"/>
5c Taxable Medicare wages & tips	<input type="text"/>	<input type="text"/>
5d Total social security and Medicare taxes (Column 2, lines 5a + 5b + 5c = line 5d)	5d	<input type="text"/>
6 Total taxes before adjustments (lines 3 + 5d = line 6)	6	<input type="text"/>
7 TAX ADJUSTMENTS (Read the instructions for line 7 before completing lines 7a through 7h.):		
7a Current quarter's fractions of cents	<input type="text"/>	
7b Current quarter's sick pay	<input type="text"/>	
7c Current quarter's adjustments for tips and group-term life insurance	<input type="text"/>	
7d Current year's income tax withholding (attach Form 941c)	<input type="text"/>	
7e Prior quarters' social security and Medicare taxes (attach Form 941c)	<input type="text"/>	
7f Special additions to federal income tax (attach Form 941c)	<input type="text"/>	
7g Special additions to social security and Medicare (attach Form 941c)	<input type="text"/>	
7h TOTAL ADJUSTMENTS (Combine all amounts: lines 7a through 7g.)	7h	<input type="text"/>
8 Total taxes after adjustments (Combine lines 6 and 7h.)	8	<input type="text"/>
9 Advance earned income credit (EIC) payments made to employees	9	<input type="text"/>
10 Total taxes after adjustment for advance EIC (line 8 - line 9 = line 10)	10	<input type="text"/>
11 Total deposits for this quarter, including overpayment applied from a prior quarter	11	<input type="text"/>
12 Balance due (If line 10 is more than line 11, write the difference here.) Make checks payable to United States Treasury.	12	<input type="text"/>
13 Overpayment (If line 11 is more than line 10, write the difference here.)	<input type="text"/>	

Check one ☐ Apply to next return.
☐ Send a refund.

Next →

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)

49607

☐ 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

Print name and title

JERRY C. EYK 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

RIVER VIEW FL

EIN

38-3723957

ZIP code

33568

Date

1/17/07

Phone

(813) 677-9607

SSN/PTIN

P00129538

☐ Check if you are self-employed.