

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90385 005 ***150.00

DOCUMENT # P93000012027

1. Entity Name
J.J.F. ENTERPRISES, INC.



Principal Place of Business
2624 SW WILLOUGHBY BLVD
STUART, FL 34994 US

Mailing Address
2624 SW WILLOUGHBY BLVD
STUART, FL 34994 US

2. Principal Place of Business

3. Mailing Address

2597 HIDDEN POND WAY



Suite, Apt. #, etc.

Suite, Apt. #, etc.

03052006 Chg-P CR2E034 (11/05)

City & State

City & State
PALM CITY, FL

4. FEI Number
65-0390465

Applied For
Not Applicable

Zip

Country

Zip

Country

34990

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FLEMING, JOHN
2624 SW WILLOUGHBY BLVD
STUART, FL 34994

Name
FLEMING, JOHN

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

2597 HIDDEN POND WAY

City
PALM CITY, FL

Zip Code
34990

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

3/24/06

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
P
FLEMING, JOHN
2624 SW WILLOUGHBY BLVD
STUART, FL 34994 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
P
FLEMING, JOHN
2597 HIDDEN POND WAY
PALM CITY, FL 34990 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
V
FLEMING, NANCY
2624 SW WILLOUGHBY BLVD
STUART, FL 34994 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
V
FLEMING, NANCY
2597 HIDDEN POND WAY
PALM CITY, FL 34990 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Delete

TITLE
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STREET ADDRESS
CITY- ST- ZIP
☐ Change ☐ Addition

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☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/24/06