

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 27, 2005 8:00 am
Secretary of State

01-27-2005 90047 031 ***150.00

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01242005 Chg-P CR2E034 (10/03)

DOCUMENT # P93000015277 1. Entity Name J & J INSTRUCTIONAL SERVICES, INC.					
Principal Place of Business 10424 HARVESTIME PLACE RIVERVIEW, FL 33569			Mailing Address 10424 HARVESTIME PLACE RIVERVIEW, FL 33569		
2. Principal Place of Business 10206 RAINBRIDGE DR. Suite, Apt. #, etc.		3. Mailing Address 10206 RAINBRIDGE DR. Suite, Apt. #, etc.		4. FEI Number 65-0393014 Applied For <input type="checkbox"/> Not Applicable	
City & State RIVERVIEW, FL		City & State RIVERVIEW, FL			
Zip 33569		Zip 33569			
Country U.S.A.		Country U.S.A.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PAYTON, JERRY L 10206 RAINBRIDGE DRIVE RIVERVIEW, FL 33569				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: JERRY L. PAYTON 1-24-05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	D <input checked="" type="checkbox"/> Delete HERREN, JERRY W 10424 HARVESTIME PLACE RIVERVIEW, FL 33569		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE-PRESIDENT (V) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition THERESE A. PAYTON 10206 RAINBRIDGE DR RIVERVIEW, FL 33569	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete PAYTON, JERRY L 10206 RAINBRIDGE DRIVE RIVERVIEW, FL 33569		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY (S) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition ERIN R. PAYTON 10206 RAINBRIDGE DR. RIVERVIEW, FL 33569	
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 exemption stated in Section 119.07(3)(i), 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 L. PAYTON <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date 1-24-05 (813) 786-0206 <small>Daytime Phone #</small>		