2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P93000064641

1. Entity Name

J&JINV	ESTMEN	T GROUP OF NO	ORTH FLORIDA, IN	IC.			02-25-200	04 90022 0	44 ***150).00
Principal Place of Business			Mailing Address	Mailing Address						
200 BUSINESS PARK CIRCLE 200 BUSIN STE 101 STE 101				INESS PARK CIRCLE				- 		
2. Principal Place of Business			3. Mailing Address	3. Mailing Address						
Suite, Apt. #, etc.			Suite, Apt. #, etc.				MOORE	CR2E03	34 (11/03)	
City & State			City & State			4. 1	4. FEI Number 59-3201298 Applied For Not Applicable			
Zip Country		Zip	Country		5. (Certificate of Status Desir	ed 🔲	\$8.75 A Fee Requi		
	6. Name	and Address of Curre	ent Registered Agent			7. 1	Name and Address of N	ew Registere	d Agent	
					Name					
ORLANDO, FRANK P CPA 200 BUSINESS PARK CIRCLE STE 101				Street Address (P.O. Box Number is Not Acceptable)						
		ISTINE FL 32095	5	,						
,					City			F	L Zip Co	ode
	ions of regist		it for the purpose of chan	ging its registe	ered office or re	egistered ag	gent, or both, in the State	of Florida. I ai	m familiar wit	n, and accept
The state of the s	Signature, typed	or printed name of registered ag	gent and title if applicable.	(NOTE: Registe	ered Agent signature	required when re	<u> </u>	DATE		
F Afte	Signature typed ILE NOW! r May 1, 20	or printed name of registered at !! FEE IS \$150.00 04 Fee will be \$550.0 o Florida Departmen	00	(NOTE: Registe	ered Agent signature	required when ri	einstating) 9. Election Campaig Trust Fund Contri	ın Financing	\$5	.00 May Be led to Fees
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12. I hereby certify that the information supplied with this filling 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 traditionally. 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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE: #

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/6/04

FILED

Feb 25, 2004 8:00 am Secretary of State

7023

Daytime Phone #