


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 22, 2006 8:00 am**  
**Secretary of State**

03-22-2006 90021 044 \*\*\*158.75

**DOCUMENT # P97000045645**

1. Entity Name  
**PROPERTIES BY J.J.J. INC.**



Principal Place of Business  
 10025 SCARLETT COURT  
 BROOKSVILLE, FL 34613-4042

Mailing Address  
 10025 SCARLETT COURT  
 BROOKSVILLE, FL 34613-4042



2. Principal Place of Business **HERNANDO CO.** 3. Mailing Address **HERNANDO CO.**  
**PROPERTIES BY J.J.J. INC.** **PROPERTIES BY J.J.J. INC.**

Suite, Apt. #, etc.  
**P.O. BOX 5605** **P.O. BOX 5605**

City & State  
**SPRINGHILL, FL** **SPRINGHILL, FLORIDA**

Zip Country  
**34611 USA** **34611 USA**

03022006 Chg-P CR2E034 (11/05)

4. FEI Number  
 59-3446213

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

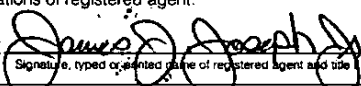
6. Name and Address of Current Registered Agent

**JOSEPH, JAMES J**  
**10025 SCARLETT COURT**  
**BROOKSVILLE, FL 34613-4042**

7. Name and Address of New Registered Agent

Name **JAMES J. JOSEPH JR.**  
 Street Address (P.O. Box Number is Not Acceptable)  
**D.B.A. PROPERTIES BY J.J.J. INC.**  
**2454 LANDOVER BLVD.**  
 City **SPRINGHILL, FL** Zip Code **34608-3331**

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  **PRESIDENT JAMES J. JOSEPH JR. 3-10-06**

(NOTE: Registered Agent signature required when reinstating)

**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

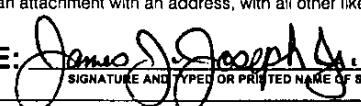
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>JOSEPH, JAMES J.</b> <b>10025 SCARLETT CT</b> <b>BROOKSVILLE, FL 34613</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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	<b>P</b> <b>JOSEPH, JAMES JOHN JR.</b> <b>2454 LANDOVER BLVD.</b> <b>SPRINGHILL, FL 34608-3331</b>	<input checked="" 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
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.

**PRESIDENT**

SIGNATURE:  **JAMES J. JOSEPH JR. / 3-10-06 / 3526664636**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #