2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 13, 2006 08:00 AM Secretary of State

	ANNUAL	REPORT		Secretary of State
DOCU	MENT # P980000746	72		Secretary of State
1. Entity Name J & J PROPERTIES OF VERO, INC.				
3 & 3 - 110	PERHES OF VERO, Mo.			,
		A F. IV. A Library	-	:
Principal Place 550 2ND STE		Mailing Address 550 2ND STREET SW		
VERO BEACH		VERO BEACH, FL 32962 U	S	
				A PROMINENCE AND ANGEL FORMS BROWN BROWN BROWN GROWN GROWN GROWN FOR HER WATER AND ANGEL FOR AN ANGEL FOR A SERVICE AND AND ANGEL FOR A SERVICE AND ANGEL FOR A SERVICE AND AND ANGEL FOR A SERVICE AND AND AND ANGEL FOR A SERVICE AND
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_	O NOT WOITE	INI TILIK KUA	CE	04062006 No Chg-P CR2E034 (11/05)
U	O NOT WRITE	IN I MIO SPA	ÇE.	4. FEI Number Applied For 59-3530146 Not Applicable
	• .	معمور المحاج الأراث المراجع	~ .	\$9.75
			,	5. Certificate of Status Desired Fee Regulard
_	6. Name and Address of Current Re	gistered Agent	{	
MCHUGH,	JOHN J JR.			DO NOT WRITE
333 17TH STREET SUITE U				
	ACH, FL 32960			IN THIS SPACE
		e purpose of changing its register	ed office or registe	ered agent, or both, in the State of Florida. If am familiar with, and accept
ine conder	ions of registered agent.			
SIGNATURE_	Signature, typed or printed name of registered agent and	title if apphoable (NOTE: Registers	ed Agent signature required	nd when retratating) DATE
FILE NOWIN FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Finar Trust Fund Contribution.				5.00 May Be ded to Fees
10.	OFFICERS AND DI	RECTORS		American American
TITLE NAME	D LICARDI, JOHN		[
STREET ADDRESS	550 2ND ST SW			and the second s
CITY-ST-ZIP	VERO BEACH, FL 32962		4	*
TITLE NAME	D KRAUSS, JOSEPH A III		U00000505205 04/26/06-80109-003 158.75	
STREET ADDRESS	550 2ND ST SW		1	D41.501.00_001r02_002_190*12
City-ST-Zip	VERO BEACH, FL 32982			en e
PITLE NAME			•	
SIMPLY ADDRESS]	DO NOT WRITE
CITY-ST-ZIP		-		
NAME				IN THIS SPACE
STREET ADDRESS				.
CITY-ST-ZIP				•
NAME			1	;
STREET ADURESS			1	
CITY-ST-ZIP	- -		1	
NAME	\		-	
STREET ADDRESS	ł		J	•

12. I hereby certify that the information supplied with this filling 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 it made under outh; 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 to changed, or on an effectment with an address with all other like empowered.

SIGNATURE:

CITY-ST-ZIP

GNATURE AND PEPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

00 - 7 - V

772-770-1652

Daytime Phone ¥