

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000076238

Entity Name: J & T PROFESSIONAL ASSOCIATES, INC.

FILED
Jan 23, 2005
Secretary of State

Current Principal Place of Business:

18 LEEWARD DR.
CRAWFORDVILLE, FL 32327

New Principal Place of Business:

Current Mailing Address:

18 LEEWARD DR.
CRAWFORDVILLE, FL 32327

New Mailing Address:

FEI Number: 59-3536161

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LENAERTS, JOHN A
18 LEEWARD DR.
CRAWFORDVILLE, FL 32327 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: LENAERTS, JOHN A
Address: 18 LEEWARD DR.
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: DV () Delete
Name: RIORDAN, TONI
Address: 2107 DEKLE AVE.
City-St-Zip: TAMPA, FL 33606

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN A. LENAERTS

PRES

01/23/2005

Electronic Signature of Signing Officer or Director

Date