2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 15, 2005 8:00 am
Secretary of State
07-19-2005 90037 045 ***150.00
08-15-2005 90082 004 ***400.00

DOCUMENT # P98000097400

1. Entity Name
JUNQUE & NECESSITIES, INC.

Principal Place of Business
708 JONES AVE
HAINES CITY FL 33844-4342

Mailing Address
708 JONES AVE
HAINES CITY FL 33844-4342

300061674

2. Principal Place of Business		3. Mailing Address	
Junque + Necessities Inc		~~708 JONES Ave.~~ JUNque + Necessities	
Suite, Apt. #, etc. 708 JONES Ave.		Suite, Apt. #, etc. 708 JONES Ave	
City & State HaiNes City FL		City & State HaiNes City FL	
Zip 33844	Country U.S.A.	Zip 33844	Country U.S.A.

1st MOORE CR2E034 (10/04)

4. FEI Number 59-3544420 — [ ] Applied For [X] Not Applicable

5. Certificate of Status Desired [ ] $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
~~MYERS, NANCY M~~ NANCY M. KRAMER
708 JONES AVE
HAINES CITY FL 33844-4342

7. Name and Address of New Registered Agent
Name: ~~Recently married~~ - Nancy M Kramer
Street Address (P.O. Box Number is Not Acceptable): ~~Same person~~ 708 JONES Ave.
~~Same address~~ HaiNes City, FL 33844
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: Nancy M. Kramer — 7/15/05
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee Will Be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution [ ] $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	S President / Registered Agent (KRAMER) MYERS, NANCY 5430 LAKE HARCHINEHA RD HAINES CITY FL 33844-9618 [ ] Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	[ ] Change [ ] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PresideNT Douglas MYERS 708 JONES, Ave HaiNes City, FL 33844-9618 [X] Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	[ ] Change [ ] Addition
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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: Nancy M. Kramer NANCY M. KRAMER 7/15/05 863-422-8984
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #