2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 15, 2005 8:00 am
Secretary of State
02-15-2005 90019 028 ***150.00

DOCUMENT # P99000054649

1. Entity Name
MJJQ INCORPORATED

Principal Place of Business	Mailing Address
P O BOX 2481 CRYSTAL RIVER, FL 34423	P O BOX 2481 CRYSTAL RIVER, FL 34423

02102005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
529 EAGLE WATCH LN	P.O. Box 603
Suite, Apt. #, etc.	Suite, Apt. #, etc.
Osprey	
City & State	City & State
FLORIDA	Crystal River FL
Zip 34229 Country USA	Zip 34423 Country USA

4. FEI Number 59-3589286 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MUMFORD, JANN S 110 SW 5TH TERRACE CRYSTAL RIVER, FL 34429	Name: Michele K. Queen Street Address (P.O. Box Number is Not Acceptable): 529 Eagle Watch LN City: Osprey FL Zip Code: 34229

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: Michele K. Queen Michele K Queen 2-10-05
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

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	P QUEEN, MICHELE 2739 MONT CHATEAU AVE CINCINNATI, OH 45244	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SAME 529 EAGLE WATCH LN Osprey, FL 34229	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V GILSON, JEYTE B 1040 N STONEY POINTE CRYSTAL RIVER, FL 34429	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SAME	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST MUMFORD, JANN S PO BOX 2481 CRYSTAL RIVER, FL 34423	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Discontinue	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: Michele K Queen Michele K. Queen 2/10/05 352-212-7802
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CHECK 0206
2/10/05 ENCLOSED