

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 05, 2007 8:00 am
Secretary of State

02-05-2007 90119 029 ***150.00

DOCUMENT # P99000091342

1. Entity Name
J & J ISLAND HOMES, INC.



Principal Place of Business
P.O. BOX 8161
SEMINOLE, FL 33775

Mailing Address
P.O. BOX 9451
TREASURE ISLAND, FL 33740

60012396



01102007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
65-1012838

Applied For
Not Applicable

Zip

Country

Zip

Country

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

HERMANN, JANIE
12325 3RD ST E #1
TREASURE ISLAND, FL 33706

Name

Street Address (P.O. Box Number is Not Acceptable)

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

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, 2007 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
D
HERMANN, JANIE
P.O. BOX 8161 N/A
SEMINOLE, FL 33775 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
~~HERMANN, JANIE~~ ☒ Change ☐ Addition
~~P.O. BOX 8161 N/A~~
~~SEMINOLE, FL 33775~~

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
GOOSTREE, JAMES
P.O. BOX 8161 N/A
SEMINOLE, FL 33775 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
~~GOOSTREE, JAMES~~ ☒ Change ☐ Addition
~~P.O. BOX 8161 N/A~~
~~SEMINOLE, FL 33775~~

TITLE
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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.

SIGNATURE: *Janie Hermann*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/23/2007 (727) 710-4613
Date Daytime Phone #