
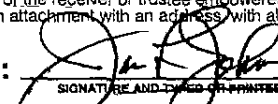


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 10, 2005 08:00 AM
Secretary of State

DOCUMENT # P99000099369		
1. Entity Name DOUBLE "J" HOME CENTER, INC.		
Principal Place of Business 186 U.S. 17 SOUTH YULEE, FL 32097	Mailing Address 186 U.S. 17 SOUTH YULEE, FL 32097	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent JACOBS, ARTHUR I 401 CENTRE STREET, SECOND FLOOR FERNANDINA, FL 32034		DO NOT WRITE IN THIS SPACE
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE
TITLE	D	
NAME	JOHNSON, JAMES L	
STREET ADDRESS	1740 LESLIE COURT	
CITY-ST-ZIP	FERNANDINA BEACH, FL 32034	
TITLE	D	
NAME	JOHNSON, JANETE B	
STREET ADDRESS	1740 LESLIE COURT	
CITY-ST-ZIP	FERNANDINA BEACH, FL 32034	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: 		3-9-05 904-225-2007 Date Daytime Phone #



03082005 No Chg-P CR2E034 (10/03)

4. FEI Number **59-3618914** Applied For
Not Applicable

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

U00000257487
03/10/05-80002-025 150.00