2004 FOR PROFIT CORPORATION ANNUAL REPORT

Jan 28, 2004 08:00 AM **Secretary of State DOCUMENT # 548632** 1. Entity Name JEFFERS AND JEFFERS, INC. Principal Place of Business Mailing Address 4613 9TH ST N 4613 9TH ST N NAPLES, FL 34103 NAPLES, FL 34103 US No Chg-P CR2E034 (10/03) 01222004 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-1774351 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent JEFFERS, NICHOLAS BUR DO NOT WRITE 3628 BELAIR LANE NAPLES, FL 34103 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. Signature, typed or printed name of registered agent and title it applicable. (NOTE. Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing **\$5.00** May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution, Added to Fees 10. OFFICERS AND DIRECTORS TITLE JEFFERS, NICHOLAS B JR NAME STREET ADDRESS 3628 BELAIR LANE NAPLES, FL CITY-ST-ZIP 313LE U00000019510 01/29/04-80028-NAME STREET ADDRESS City-ST-ZIP TELE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS City-St-Zip TITLE NAME

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 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

STREET ADDRESS CITY-ST-ZIP TITLE NAME. STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED