

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 27, 2004 8:00 am
Secretary of State

09-27-2004 90002 017 ***150.00

DOCUMENT # 838703

1. Entity Name
JOHN S. JAMES CO.



Principal Place of Business
**6002 COMMERCE BLVD
STE 115
GARDEN CITY, GA 31408-9753**

Mailing Address
**6002 COMMERCE BLVD
STE 115
GARDEN CITY, GA 31408-9753**



09142004 No Chg-P CR2E034 (10/03)

4. FEI Number **58-1276963** Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**HUDSON, KAREN M.
1739 E 11TH STREET
JACKSONVILLE, FL 32206**

**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

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
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	VPS
NAME	JAMES, THOMAS C.
STREET ADDRESS	812 DANCY AVE
CITY-ST-ZIP	SAVANNAH, GA
TITLE	PT
NAME	JAMES, JOHN WM.
STREET ADDRESS	257 CATHERINE VIEW
CITY-ST-ZIP	RICHMOND HILL, GA 31324
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

John Wm James **John Wm James** 9/21/04 (912) 232-0211