


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 25, 2004 8:00 am**  
**Secretary of State**

02-25-2004 90055 047 \*\*\*150.00

DOCUMENT # P00000072879 1. Entity Name J & N OF SPRING HILL, INC.	
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Principal Place of Business 3101 COMMERCIAL WAY SPRING HILL, FL 34606	Mailing Address 615 CLEARWATER-LARGO RD. LARGO, FL 33770 <i>3101 COMMERCIAL WAY SPRING HILL, FL 34606</i>
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44013304



01082004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-3662190	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 PAPPAS, JOHN  
 615 CLEARWATER-LARGO RD.  
 LARGO, FL 33770

**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: *John Pappas* DATE: *2/9/04*

Signature, typed or printed name of registered agent and filer if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PT PAPPAS, JOHN 615 CLEARWATER-LARGO RD. LARGO, FL 33770
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V PAPPAS, NICK 615 CLEARWATER-LARGO RD. LARGO, FL 33770
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S PAPPAS, PAPINA 615 CLEARWATER-LARGO RD. LARGO, FL 33770
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: *John Pappas* DATE: *2/9/04*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #