


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2004 08:00 AM
Secretary of State

| | |
|---|---|
| DOCUMENT # P01000021711 1. Entity Name J INCORPORATED |  |
|---|---|

| | |
|--|--|
| Principal Place of Business 12 NORTH 2ND STREET FERNANDINA BEACH, FL 32034 | Mailing Address 12 NORTH 2ND STREET FERNANDINA BEACH, FL 32034 |
|--|--|



| | | |
|--------------------------------|---------------------|---|
| 2. Principal Place of Business | 3. Mailing Address | 03242004 Chg-P CR2E034 (10/03) |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. | 4. FEI Number 59-3700818 |
| City & State | City & State | Applied For Not Applicable |
| Zip | Country | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

**MCCUNE, JOHN K
12 NORTH 2ND STREET
FERNANDINA BEACH, FL 32034**

7. Name and Address of New Registered Agent

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 _____ (NOTE: Registered Agent signature required when reinstalling) DATE _____

| | | |
|---|---|--|
| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 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

| | | |
|----------------|-----------------------------------|----------------------------|
| TITLE | D <input type="checkbox"/> Delete | MCCUNE, CAROL A |
| NAME | | 12 NORTH 2ND STREET |
| STREET ADDRESS | | FERNANDINA BEACH, FL 32034 |
| CITY-ST-ZIP | | |
| TITLE | D <input type="checkbox"/> Delete | MCCUNE, JOHN K |
| NAME | | 12 NORTH 2ND STREET |
| STREET ADDRESS | | FERNANDINA BEACH, FL 32034 |
| CITY-ST-ZIP | | |
| TITLE | <input type="checkbox"/> Delete | |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | <input type="checkbox"/> Delete | |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | <input type="checkbox"/> Delete | |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|---|---------------------------|
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | U00000116117 |
| STREET ADDRESS | | 04/16/04-80050-025 150.00 |
| CITY-ST-ZIP | | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| 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)(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 K. MCCUNE Sec/Treas.** 3-25-4 904-525-668

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