


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2004 8:00 am
Secretary of State

01-14-2004 90011 036 ***150.00

DOCUMENT # P02000008429			
1. Entity Name JT S INCORPORATED			
Principal Place of Business 3800 A S. JOHN YOUNG PARKWAY ORLANDO, FL 32939		Mailing Address 3800 A S. JOHN YOUNG PARKWAY ORLANDO, FL 32939	
2. Principal Place of Business 3800 S. John Young Pky Suite, Apt. #, etc. C		3. Mailing Address 3800 S John Young Pky Suite, Apt. #, etc. C	
City & State ORLANDO FL		City & State ORLANDO FL	
Zip 32839	Country ORANGE	Zip 32839	Country ORANGE
6. Name and Address of Current Registered Agent MACHULES, JOSEPH 3800 A S. JOHN YOUNG PARKWAY ORLANDO, FL 32939		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 <u>Joseph Machules</u> DATE <u>1-12-04</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>			
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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MACHULES, JOSEPH 3800 A S. JOHN YOUNG PARKWAY ORLANDO, FL 32939 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 <u>Joseph Machules</u>		Date <u>1-12-04</u>	Daytime Phone # <u>407 843-3407</u>