

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000064509

Entity Name: J & S LIVERY SERVICES, INC.

FILED
Feb 07, 2007
Secretary of State

Current Principal Place of Business:

4023 SAWYER ROAD
STE 212
SARASOTA, FL 34233

Current Mailing Address:

4023 SAWYER ROAD
UNIT 212
SARASOTA, FL 34233

FEI Number: 82-0550457

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

New Principal Place of Business:

508 COLONIA LANE EAST
B
NOKOMIS, FL 34275

New Mailing Address:

1405 WISE DRIVE
NORTH PORT, FL 34286

Name and Address of Current Registered Agent:

SPICER, JOHN P
7743 37TH STREET EAST
SARASOTA, FL 34243 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SPICER, JOHN P
Address: 7743 37TH STREET EAST
City-St-Zip: SARASOTA, FL 34243

Title: ST () Delete
Name: BLACK, SUSAN A
Address: 1405 WISE DR.
City-St-Zip: NORTH PORT, FL 34286

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN P SPICER

P

02/07/2007

Electronic Signature of Signing Officer or Director

_____ Date