

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000090537

Entity Name: 2JS & ASSOCIATES, INC.

FILED
Mar 16, 2004
Secretary of State

Current Principal Place of Business:

309 EDGE OF WOOD ROAD, STREET
AUGUSTINE, FL 320923720

New Principal Place of Business:

Current Mailing Address:

309 EDGE OF WOODS ROAD
ST. AUGUSTINE, FL 320923720

New Mailing Address:

FEI Number: 55-0791898

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCHILIN, JOHN
309 EDGE OF WOODS ROAD
ST. AUGUSTINE, FL 320923720 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: DPS () Delete
Name: SCHILIN, JOHN
Address: 309 EDGE OF WOOD ROAD, STREET
City-St-Zip: AUGUSTINE, FL 320923720

Title: DVT () Delete
Name: SCHILIN, JOAN
Address: 309 EDGE OF WOOD ROAD, STREET
City-St-Zip: AUGUSTINE, FL 320923720

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 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 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 SCHILIN

DPS

03/16/2004

_____ Electronic Signature of Signing Officer or Director

_____ Date