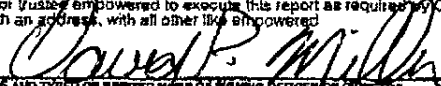


FILED

May 03, 2004 08:00 AM
Secretary of State**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P02000096341		
1. Entity Name J.J.A.D. OF FORT MYERS, INC.		
Principal Place of Business 15560 MCGREGOR BLVD. FORT MYERS, FL 33908		Mailing Address 15560 MCGREGOR BLVD. FORT MYERS, FL 33908
DO NOT WRITE IN THIS SPACE		
04212004 No Chg-P CR2E034 (10/03) 4. FEI Number 65-1160633 Applied For Not Applicable		
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent SANFORD, JUDY 15560 MCGREGOR BLVD 7 FORT MYERS, FL 33908		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 _____ (NOTE: Registered Agent signature required when registering) _____ DATE _____		
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 000000154706 05/05/04-80007-024 150.00
10. OFFICERS AND DIRECTORS		
TITLE	P	
NAME	MILLER, DAVID	
STREET ADDRESS	742 ARUNDEL CIRCLE	
CITY-ST-ZIP	FORT MYERS, FL 33913	
TITLE	S	
NAME	MILLER, ARLENE	
STREET ADDRESS	742 ARUNDEL CIRCLE	
CITY-ST-ZIP	FORT MYERS, FL 33913	
TITLE	VD	
NAME	SANFORD, FRANK E	
STREET ADDRESS	15560 MCGREGOR BLVD. #7	
CITY-ST-ZIP	FORT MYERS, FL 33908	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption under Section 119.07, Florida Statutes, that the entity for the year 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 807, 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:  _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		