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	Mailing Address
15560 MCGREGOR BLVD. FORT MYERS, FL 33908	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

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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: _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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

U00000154706
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	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: David P. Miller
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #