

**2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P07000057182

**FILED**  
**Jan 17, 2018**  
**Secretary of State**  
**CC5278178906**

**Entity Name:** 4 J CONSERVATION CENTER, INC.

**Current Principal Place of Business:**

38316 MICKLER ROAD  
DADE CITY, FL 33523

**Current Mailing Address:**

38316 MICKLER ROAD  
DADE CITY, FL 33523 US

**FEI Number:** 74-2796920

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CHATFIELD, JOHN A  
38316 MICKLER ROAD  
DADE CITY, FL 33523 US

*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

**Officer/Director Detail :**

Title	P	Title	VP
Name	CHATFIELD, JOHN A	Name	CHATFIELD, JENIFER A
Address	38316 MICKLER ROAD	Address	38316 MICKLER ROAD
City-State-Zip:	DADE CITY FL 33523	City-State-Zip:	DADE CITY FL 33523
Title	S	Title	T
Name	CHATFIELD, JERILYN Y	Name	CHATFIELD, JERI Y
Address	38316 MICKLER ROAD	Address	38316 MICKLER ROAD
City-State-Zip:	DADE CITY FL 33523	City-State-Zip:	DADE CITY FL 33523

*I hereby 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 all other like empowered.*

**SIGNATURE:** JOHN CHATFIELD

**PRESIDENT**

**01/17/2018**

Electronic Signature of Signing Officer/Director Detail

Date