2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 09, 2004
Secretary of State

DOCUMENT# 306547

Entity Name: JILL STEVENS, INC.

Current Principal Place of Business:

8653 BAYMEADOWS RD
SUITE 1
JACKSONVILLE, FL 32256 US

New Principal Place of Business:

Current Mailing Address:

8653 BAYMEADOWS RD
SUITE 1
JACKSONVILLE, FL 32256 US

New Mailing Address:

FEI Number: 59-1149349 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LIPSKY STUART S
8653-1 BAYMEADOWS ROAD
JACKSONVILLE, FL 32256

Name and Address of New Registered Agent:

BESSIE LIPSKY
8653-1 BAYMEADOWS ROAD
JACKSONVILLE, FL 32256

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: BESSIE LIPSKY 07/09/2004
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DPT ( ) Delete
Name: LIPSKY,STUART S,
Address: 8653-1 BAYMEADOWS RD
City-St-Zip: JACKSONVILLE, FL 32256

Title: DSV ( ) Delete
Name: LIPSKY,BESSIE,
Address: 8653-1 BAYMEADOWS RD
City-St-Zip: JACKSONVILLE, FL 32256

Title: D ( ) Delete
Name: LIPSKY, BRUCE, M,
Address: 8653-1 BAYMEADOWS RD
City-St-Zip: JACKSONVILLE, FL 32256

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPT (X) Change ( ) Addition
Name: LIPSKY,BESSIE,
Address: 8653-1 BAYMEADOWS RD
City-St-Zip: JACKSONVILLE, FL 32256

Title: DSV (X) Change ( ) Addition
Name: LIPSKY, MURRY, N,
Address: 8653-1 BAYMEADOWS RD
City-St-Zip: JACKSONVILLE, FL 32256

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: BESSIE LIPSKY DPT 07/09/2004
Electronic Signature of Signing Officer or Director Date