

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 22, 2004 8:00 am**  
**Secretary of State**

04-22-2004 90008 027 \*\*\*150.00

**DOCUMENT # 371258**

1. Entity Name

J & S HOMES, INC.



Principal Place of Business

4335 GLASGOW COURT NW  
FT MYERS FL 33903  
US

Mailing Address

4335 GLASGOW COURT NW  
FT MYERS FL 33903  
US

2. Principal Place of Business

13101 PONDEROSA WAY

Suite, Apt. #, etc.

3. Mailing Address

13101 PONDEROSA WAY

Suite, Apt. #, etc.



MOORE

CR2E034 (11/03)

City & State

FT. MYERS, FL

Zip 33907

Country US

City & State

FT. MYERS, FL

Zip 33907

Country US

4. FEI Number

59-1305410

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

JOHNSON, SAMUEL V  
4335 GLASGOW  
FORT MYERS FL 33903

13101 Ponderosa Way  
Ft. Myers, FL 33907

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2004. Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete  
NAME JOHNSON, SAMUEL V  
STREET ADDRESS 13350 PONEROSA WAY  
CITY-ST-ZIP FT. MYERS FL

TITLE VP ☐ Delete  
NAME JOHNSON, JERRY  
STREET ADDRESS 4335 GLASGOW CT NW  
CITY-ST-ZIP FT. MYERS FL

TITLE S ☐ Delete  
NAME JOHNSON, WILLIS  
STREET ADDRESS 4335 GLASGOW CT NW  
CITY-ST-ZIP FT. MYERS FL

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/04

Date

239-454-1310

Daytime Phone #