


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT****FILED**
Jul 11, 2005 08:00 AM
Secretary of State

DOCUMENT # 371258 1. Entity Name J & S HOMES, INC.	
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Principal Place of Business 13101 PONDEROSA WAY FORT MYERS, FL 33907 US	Mailing Address 13101 PONDEROSA WAY FORT MYERS, FL 33907 US
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07072005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1305410	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent JOHNSON, SAMUEL V 13101 PONDEROSA WAY FORT MYERS, FL 33907
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DO NOT WRITE IN THIS SPACE

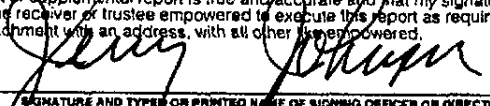
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
Due by September 7, 2005**9. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to FeesIn accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JOHNSON, SAMUEL V 13350 PONDEROSA WAY FT. MYERS, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP JOHNSON, JERRY 4335 GLASGOW CT NW FT. MYERS, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S JOHNSON, WILLIS 4335 GLASGOW CT NW FT. MYERS, FL
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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07/11/05-80002-006 150.00

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 I am empowered.
SIGNATURE:  SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date 7/7/05 Daytime Phone # _____

**DO NOT WRITE
IN THIS SPACE**