

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 479695

1. Entity Name
S & J SALES AND SERVICE CORP.



Principal Place of Business
420 GENEVA DR
OVIEDO, FL 32765 US

Mailing Address
P.O. BOX 620580
OVIEDO, FL 32762-0580 US

FILED
Apr 21, 2004 08:00 AM
Secretary of State



04062004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1604799

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

STEVENSON, ROBERT S.
420 GENEVA DR
OVIEDO, FL 32765

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

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	STEVENSON, ROBERT S
STREET ADDRESS	420 GENEVA DR
CITY-ST-ZIP	OVIEDO, FL
TITLE	STD
NAME	STEVENSON, JUDITH A
STREET ADDRESS	420 GENEVA DR
CITY-ST-ZIP	OVIEDO, 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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04/21/04-80054-013 158.75

**DO NOT WRITE
IN THIS SPACE**

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: Robert S. Stevenson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/04 4073657589
Date Daytime Phone #