

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 19, 2004 08:00 AM
Secretary of State

DOCUMENT # 487923 1. Entity Name JO-STEVENS COMPANY	
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Principal Place of Business 5817 8TH STREET ZEPHYRHILLS, FL 33542	Mailing Address 4104 KREISCH WAY TALLAHASSEE, FL 32305
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DO NOT WRITE IN THIS SPACE

	
03182004	No Chg-P CR2E034 (10/03)
4. FEI Number 59-1624386	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**PATRICK, K.T.
5817 8TH STREET
ZEPHYRHILLS, FL 33542**

**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: _____

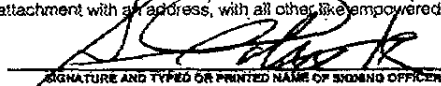
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD PATRICK, SJ 1319-8TH ST ZEPHYRHILLS, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VTD PATRICK, R 1319 8TH ST. ZEPHYRHILLS, FL 33542
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD PATRICK, K T 1319-8TH ST ZEPHYRHILLS, 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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IN THIS SPACE**

U000000032712
03/19/04-80020-005 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  /S. Patrick **3-18-04**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #