2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2005 08:00 AM
Secretary of State

DOCUMENT # 487923

1. Entity Name
JO-STEVENS COMPANY

Principal Place of Business	Mailing Address
5817 8TH STREET ZEPHYRHILLS, FL 33542	4104 KREISCH WAY TALLAHASSEE, FL 32305

03182005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

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

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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 _____ DATE
Signature, type or print name of registered agent and title, if applicable (NOTE: Registered Agent signature required by law)

FILE NOW!!! FEE IS $150.00
After May 1, 2005 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	PATRICK, SJ
STREET ADDRESS	1319-8TH ST
CITY-ST-ZIP	ZEPHYRHILLS, FL
TITLE	VTD
NAME	PATRICK, R
STREET ADDRESS	1319 8TH ST.
CITY-ST-ZIP	ZEPHYRHILLS, FL 33542
TITLE	SD
NAME	PATRICK, K T
STREET ADDRESS	1319-8TH ST
CITY-ST-ZIP	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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04/14/05-80015-012 150.00

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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: /S. Patrick 4-11-05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Officer Title if