


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90365 006 ***150.00

DOCUMENT # 512960 1. Entity Name J-4, INC.	
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Principal Place of Business PERRY STREET 211 POMONA PARK, FL 32181 US	Mailing Address P.O. BOX 62 POMONA PK, FL 32181 US 2167 So. Hwy 17 Crescent City, FL 32112
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14004345



DO NOT WRITE IN THIS SPACE

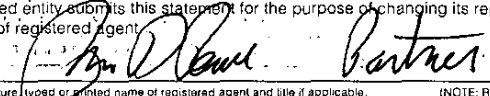
01082004 No Chg-P CR2E034 (10/03)

4. FEI Number 35-1125966	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent DAVIS MONK & COMPANY ROUTE 5 BOX 1604 906 So. SR 19 PALATKA, FL 32178 PALATKA, FL 32177

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IN THIS SPACE**

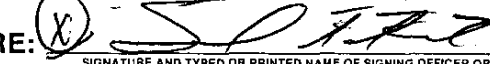
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE:  Partner Signature (typed or printed name of registered agent and title if applicable). (NOTE: Registered Agent signature required when reinstating) DATE: 4/13/04
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FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FOERSTER, SAMUEL F 211 PERRY STREET POMONA PARK, FL 32181
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS FOERSTER, THOMAS J 211 PERY STREET POMONA PARK, FL 32181
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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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: 	Date: 4/18/04	Daytime Phone #
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