

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 24, 2004 08:00 AM
Secretary of State

DOCUMENT # 543131

1. Entity Name
J. J. S. PROPERTIES, INC.



Principal Place of Business
431 GULFVIEW BLVD
CLEARWATER BCH, FL 34630

Mailing Address
431 GULFVIEW BLVD
CLEARWATER BCH, FL 34630



01132004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-1962220

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

SAFRONAS, JAMES
431 GULFVIEW BLVD S
CLEARWATER BEACH, FL 34630

**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 _____

Signature, typed or printed name of registered agent and title if applicable

(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 PRST
NAME SOFRONAS, JAMES
STREET ADDRESS 431 GULFVIEW BLVD S
CITY-ST-ZIP CLEARWATER BEACH, FL 34630

TITLE D
NAME SOFRONAS, JAMES
STREET ADDRESS 27 CUSHING ST.
CITY-ST-ZIP STAMFORD CT,

TITLE VPD
NAME SOFRONAS, CHRISTINA
STREET ADDRESS 431 GULFVIEW BLVD S
CITY-ST-ZIP CLEARWATER BEACH, FL 34630

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
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CITY-ST-ZIP

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01/26/04-80011-021 150.00

**DO NOT WRITE
IN THIS SPACE**

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 filed 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 on an attachment with an address, with all other like empowered.

James Sofronas
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-21-04
Date

441-3329
Daytime Phone #

JAMES SOFRONAS