


Apr 30
Seci

DOCUMENT # 610348
1. Entity Name
JOHN'S SAW SERVICE, INC.



Principal Place of Business
3277-A LAKE WORTH RD
LAKE WORTH, FL 33461

Mailing Address
3277-A LAKE WORTH RD
LAKE WORTH, FL 33461



04202004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1904052

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

MCWATTERS, JAMIE D
3277 A LAKE WORTH RD
LAKE WORTH, FL 33461

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 NAME STREET ADDRESS CITY - ST - ZIP	VD MCWATTERS, JAMIE D. 3277 A LAKE WORTH RD LAKE WORTH, FL 33461
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MCWATTERS, STEVEN A. 3277-A LAKE WORTH RD LAKE WORTH, FL 33461
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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: *Jamie McWatters* 4/26/04 (Sbi) 965-0477

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date