


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 90660 047 \*\*\*150.00

**DOCUMENT # F84611**  
 1. Entity Name  
**J & A ASSOCIATES, INC.**



Principal Place of Business Mailing Address  
**8975 130TH AVE NO** **8975 130TH AVE NO**  
**LARGO FL 33773** **LARGO FL 33773**  
**US** **US**

2. Principal Place of Business 3. Mailing Address  
**1451 S. MISSOURI** **1451 So MISSOURI Ave**  
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State  
**Clearwater, FL** **Clearwater FL**  
 Zip Country Zip Country  
**33756** **Pinellas** **33756** **Pinellas**



MOORE CR2E034 (11/03)

6. Name and Address of Current Registered Agent  
**SCEVOLA, JOSEPH**  
**8975 130TH AVE N.**  
**LARGO FL 33773**  
**1451 S. MISSOURI AVE**  
**Clearwater, FL**  
**33756**

4. FEI Number **59-2197781** Applied For  
 Not Applicable  
 5. Certificate of Status Desired  \$8.75 Additional Fee Required

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

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	<b>P</b> <b>KOSLOWSKI, JAMES R</b> <b>8975 130TH AVE N.</b> <b>1451 So MISSOURI Ave</b> <b>LARGO FL</b> <b>Clearwater, FL 33756</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ST</b> <b>KOSLOWSKI, JEANNETTE</b> <b>8975 130TH AVE N.</b> <b>1451 So MISSOURI Ave</b> <b>LARGO FL</b> <b>Clearwater, FL 33756</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **Jim Koslowski** **4-29-04 7275843179**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #