



2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90332 025 ***150.00

DOCUMENT # H34586 1. Entity Name J & N ENTERPRISES OF BREVARD, INC.					
Principal Place of Business % NANCY M. SCHULTZ 4140 FENNER RD. COCOA, FL 32926			Mailing Address % NANCY M. SCHULTZ 4140 FENNER RD. COCOA, FL 32926		
2. Principal Place of Business C/O Nancy M. Schultz Suite, Apt. #, etc. 4040 Fenner Road		3. Mailing Address C/O Nancy M. Schultz Suite, Apt. #, etc. 4040 Fenner Road		14014080 	
City & State Cocoa, Florida Zip 32926		City & State Cocoa, Florida Zip 32926		4. FEI Number 59-2503042 Applied For <input type="checkbox"/> Not Applicable	
Country U.S.A.		Country U.S.A.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SCHULTZ, NANCY M. 4140 FENNER ROAD COCOA, FL 32926				7. Name and Address of New Registered Agent Name Schultz, Nancy M. Street Address (P.O. Box Number is Not Acceptable) 4040 Fenner Road City Cocoa FL Zip Code 32926	
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 <u>Nancy M. Schultz</u> DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
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		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE D NAME SCHULTZ, JAMES P. STREET ADDRESS 4140 FENNER ROAD CITY-ST-ZIP COCOA, FL 32926	<input type="checkbox"/> Delete		TITLE PTD NAME Schultz, James P. STREET ADDRESS 4040 Fenner Road, Cocoa, Fl. 32926 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE SD NAME SCHULTZ, NANCY M. STREET ADDRESS 4140 FENNER ROAD CITY-ST-ZIP COCOA, FL 32926	<input type="checkbox"/> Delete		TITLE VSD NAME Schultz, Nancy M STREET ADDRESS 4040 Fenner Road, Cocoa, Fl. 32926 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		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"/> Delete		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"/> Delete		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"/> Delete		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: <u>Nancy M. Schultz</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Nancy M. Schultz Vice-President (321) 632-4358		