

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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

03-29-2004 90406 048 ***150.00

DOCUMENT # H81847

1. Entity Name

5 J'S EXTERMINATING CO., INC.



Principal Place of Business
**02510 SMITTY ROAD
WEIRSDALE FL 32195
US**

Mailing Address
**02510 SMITTY ROAD
WEIRSDALE FL 32195
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



MOORE

CR2E034 (11/03)

4. FEI Number **59-2719739**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**JACKSON, THOMAS WILLIAM
02510 SMITTY ROAD
LADY LAKE FL 32159**

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

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
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	STD	<input type="checkbox"/> Delete
NAME	JACKSON, JOANN E.	
STREET ADDRESS	02510 SMITTY RD.	
CITY-ST-ZIP	WEIRSDALE FL 32195	
TITLE	P	<input type="checkbox"/> Delete
NAME	JACKSON, THOMAS WILLIAM	
STREET ADDRESS	02516 SMITTY RD.	
CITY-ST-ZIP	WEIRSDALE FL 32195	
TITLE	V	<input type="checkbox"/> Delete
NAME	JACKSON, GLENN REEVES	
STREET ADDRESS	02510 SMITTY ROAD	
CITY-ST-ZIP	WEIRSDALE FL 32195	
TITLE	D	<input type="checkbox"/> Delete
NAME	JACKSON, HAROLD RAYMOND	
STREET ADDRESS	02510 SMITTY ROAD	
CITY-ST-ZIP	WEIRSDALE FL 32195	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/25/04

Date

352-753-2547

Daytime Phone #