

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2004 8:00 am
Secretary of State

04-21-2004 90017 001 ***150.00

DOCUMENT # J34253 1. Entity Name J & J WASH HOUSE, INC.					
Principal Place of Business 306 FIRST STREET SOUTH 809 JEFFERSON AVENUE IMMOKALEE, FL 34142 US			Mailing Address % JERRY WILLIAMS 805 W JEFFERSON AVE IMMOKALEE, FL 33934 US		
2. Principal Place of Business 306 FIRST STREET SOUTH			3. Mailing Address 7190 TRAFFORD OAKS RD		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State IMMOKALEE, FL.			City & State IMMOKALEE, FL.		
Zip 34142		Country		Zip 34142	
Country		4. FEI Number 59-2804997			
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent WILLIAMS, JERRY 805 W JEFFERSON AVENUE IMMOKALEE, FL 34142					
7. Name and Address of New Registered Agent Name WILLIAMS, JERRY Street Address (P.O. Box Number is Not Acceptable) 7190 TRAFFORD OAKS RD City IMMOKALEE FL Zip Code 34142					
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</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 NAME STREET ADDRESS CITY-ST-ZIP	DP WILLIAMS, JERRY 805 W JEFFERSON AVENUE IMMOKALEE, FL 34142 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP WILLIAMS, JERRY 7190 TRAFFORD OAKS RD IMMOKALEE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD WILLIAMS, JOANN 805 W JEFFERSON AVENUE IMMOKALEE, FL 34142 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD WILLIAMS, JOANN 7190 TRAFFORD OAKS RD IMMOKALEE, FL. 34142 <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>Jerry Williams</u> <u>Jerry Williams</u> <u>4-19-04</u> <u>239-658-1000</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					