

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J41871

FILED  
Apr 27, 2004  
Secretary of State

Entity Name: JS CAPITAL MANAGEMENT, INC.

## Current Principal Place of Business:

851 SE MONTEREY COMMONS BLVD  
STUART, FL 34996

## New Principal Place of Business:

## Current Mailing Address:

851 SE MONTEREY COMMONS BLVD  
STUART, FL 34996

## New Mailing Address:

FEI Number: 59-2743838

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SULLIVAN, JOHN W.  
851 SE MONTEREY COMMONS BLVD  
STUART, FL 34996 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PSTD ( ) Delete  
Name: SULLIVAN, JOHN W.,  
Address: 7211 SE GOLFHOUSE DR  
City-St-Zip: HOBE SOUND, FL 33455

Title: VD ( ) Delete  
Name: SULLIVAN, SUSAN R.,  
Address: 7211 SE GOLFHOUSE DR  
City-St-Zip: HOBE SOUND, FL 33455

Title: VD ( ) Delete  
Name: SANFORD, JENNIFER SU, LLIV  
Address: 1725 ATLANTIC AVENUE  
City-St-Zip: SULLIVANS ISLAND, SC 29482

Title: V ( ) Delete  
Name: FOWLER, WILLIAM C  
Address: 851 SE MONTEREY COMMONS BLVD  
City-St-Zip: STUART, FL 34996

Title: D ( ) Delete  
Name: BOWEN, GIERIET S  
Address: 721 MCLEAN AVE  
City-St-Zip: KENILWORTH, IL 60043

Title: D ( ) Delete  
Name: SULLIVAN, JOHN W JR  
Address: 2035 BEECHWOOD AVE  
City-St-Zip: WILMETTE, IL 60091

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VD (X) Change ( ) Addition  
Name: SANFORD, JENNIFER SU, LLIV  
Address: 800 RICHLAND ST  
City-St-Zip: COLUMBIA, SC 29201

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM C. FOWLER

V

04/27/2004

Electronic Signature of Signing Officer or Director

Date