

FILED
Feb 23, 2004 8:00 am
Secretary of State

01-27-2004 90007 035 ***150.00

**2004 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # K11217

1. Entity Name
 JO DON ASSOCIATES, INC.



Principal Place of Business
 % PHILIP M. SPRINKLE II
 777 S FLAGLER DR, S-809
 WEST PALM BEACH, FL 33401

Mailing Address
 % PHILIP M. SPRINKLE II
 777 S FLAGLER DR, S-809
 WEST PALM BEACH, FL 33401

66402815



2. Principal Place of Business

THE LAW OFFICE OF RUSSELL T. KAMRADT

3. Mailing Address

% THE LAW OFFICE OF RUSSELL T. KAMRADT

Suite, Apt. #, etc.

11641 Kew Gardens Avenue

Suite, Apt. #, etc.

11641 Kew Gardens Avenue

City & State

PALM BEACH GARDENS, FL

City & State

PALM BEACH GARDENS, FL

Zip

33410

Country

USA

Zip

33410

Country

USA

01212004

Chg-P

CR2E034 (10/03)

4. FEI Number

59-2866805

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

Fee Required

6. Name and Address of Current Registered Agent

SPRINKLE, PHILIP II
 777 S FLAGLER DR #S809
 WEST PALM BEACH, FL 33401

7. Name and Address of New Registered Agent

Name: KAMRADT, RUSSELL T.
 Street Address (P.O. Box Number is Not Acceptable)
 11641 Kew Gardens Avenue

City: PALM BEACH GARDENS

FL

Zip Code: 33410

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

Russell Kamradt
 (Signature, typed or printed name of Registered Agent and fee if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

2/20/2004

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$850.00

9. Election Campaign Financing

Trust Fund Contribution

\$5.00 May Be

Added to Fees

10. OFFICERS AND DIRECTORS

TITLE: VSD
 NAME: HASSELTINE, DONALD L.
 STREET ADDRESS: 1218 BLUEBIRD AVE
 CITY-ST-ZIP: MARCO ISLAND, FL 34145

☐ Delete

TITLE: DPT
 NAME: MADIGAN, JOSEPH W.
 STREET ADDRESS: 25 PARK FOREST DR
 CITY-ST-ZIP: PALMYRA, NY 14522

☐ Delete

TITLE: _____
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____

☐ Delete

TITLE: _____
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 STREET ADDRESS: _____
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TITLE: _____
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10.

TITLE: _____
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____

☐ Change ☐ Addition

TITLE: _____
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: PHILFORD, NY 14534

☒ Change ☐ Addition

TITLE: _____
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____

☐ Change ☐ Addition

TITLE: _____
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____

☐ Change ☐ Addition

TITLE: _____
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____

☐ Change ☐ Addition

TITLE: _____
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____

☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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 807, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Joseph W. Madigan
 JOSEPH W. MADIGAN

Date

Document Photo #

1/22/04 315.597.0022