

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90197 024 ***158.75

DOCUMENT # K16496 1. Entity Name J & I SALES, INC.			
Principal Place of Business 21 MAUI CIR NAPLES, FL 34112 US		Mailing Address CO W,D,KRAMER 1838 40TH TERRACE SW NAPLES, FL 34116 US	
2. Principal Place of Business		3. Mailing Address 11925 COLLIER BLVD	
Suite, Apt. #, etc.		Suite, Apt. #, etc. #201	
City & State		City & State NAPLES, FL	
Zip	Country	Zip 34116-6543	Country USA
4. FEI Number 65-0029289		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KRAMER, WILLIAM D. 1838 40TH TERRACE SW NAPLES, FL 34116		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 11925 COLLIER BLVD, #201 City NAPLES FL Zip Code 34116-6543	
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><i>William D. Kramer</i></u> WILLIAM D. KRAMER APR 12 2004 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing <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	ST PASSAMONDI, INGEBORG 21 MAUI CIRCLE NAPLES, FL <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	P MARCAK, JOSEPH 21 MAUI CIRCLE NAPLES, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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><i>Inge Passamondi</i></u> INGEBORG PASSAMONDI		Date <u><i>2/12/04</i></u> 239 774-2963	