

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2004 8:00 am
Secretary of State

03-03-2004 90021 050 ***150.00

K54519	
J. THORNEL CONSULTANTS, INC.	
6815 ATLANTIC BLVD STE 3 JACKSONVILLE, FL 32221 US	BOX 40049 JACKSONVILLE, FL 32203

54014600



01302004 Chg-P CR2E034 (10/03)

59-2924418

☐ \$8.75 Additional
Fee Required

SINN, JAMES E
2334 HOLLY LEAF LANE
ORANGE PK, FL 32073

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

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	BAKER, GEORGE M	
STREET ADDRESS	8311 LAWFIN ST N	
CITY-ST-ZIP	JACKSONVILLE FL,	
TITLE	SD	<input type="checkbox"/> Delete
NAME	SINN, JAMES E.	
STREET ADDRESS	2334 HOLLY LEAF LANE	
CITY-ST-ZIP	ORANGE PARK, FL	
TITLE	PTD	<input type="checkbox"/> Delete
NAME	BEDFORD, SHERRY L.	
STREET ADDRESS	3320 FLAMINGO RD	
CITY-ST-ZIP	CALLAHAN, FL 32011	
TITLE	D	<input type="checkbox"/> Delete
NAME	WILLIAM J EDENS	
STREET ADDRESS	6853 MERRILL RD	
CITY-ST-ZIP	JACKSONVILLE, FL 32277	
TITLE	D	<input type="checkbox"/> Delete
NAME	CAROLYN S PLEMMONS	
STREET ADDRESS	307 CEDAR CREEK FARMS RD	
CITY-ST-ZIP	GLEN ST MARY, FL 32040	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	54058 Flamingo Rd	
CITY-ST-ZIP	Callahan, FL 32011	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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
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: Sherry L Bedford, PTD Sherry L Bedford 3-1-04 725-7770 (904)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #