

attachment 1 of 2

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

08 OCT 15 PM 2:30

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



09172008 Chg-P CR2E034 (12/06)

**DOCUMENT # K94774**

1. Entity Name  
**J & S PRODUCTIONS, INC.**



Principal Place of Business  
**240 NW 7 STREET  
BOCA RATON, FL 33432**

Mailing Address  
**240 NW 7 STREET  
BOCA RATON, FL 33432**

2. Principal Place of Business - No P.O. Box #  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State

Zip Country

4. FEI Number  
**65-0187947**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

~~FELDMAN, MICHAEL J. P.A.~~  
2424 N. FEDERAL HWY  
SUITE 200  
BOCA RATON, FL 33431

7. Name and Address of New Registered Agent

Name **Steven H. Weitz, CPA**

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 *Steven H. Weitz* DATE 10/8/08

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$550.00 Due by September 12, 2008**

9. Election Campaign Financing Trust Fund Contribution.  **\$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	P STETZ, JOHN JR 240 NW 7 ST. BOCA RATON, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>800136932648</b> <b>10/15/08--01006--004 **150.00</b>
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
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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 exemptions contained in Chapter 119, 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: *John Stetz* DATE 10/9/08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

KS

2092

John Stetz Jr  
240 NW 7th St  
Boca Raton, FL  
33432

1-800-229-8273

9/5/08

To Division of Corporations

I'm sorry that I let my non payment for my corporation fee. My mother has entered Hospice and have since brought her back home. My mother, Ethel Stetz, nearly died while she was in Hospice by the sea here in Boca Raton. I've since brought her home where she is improving. And I've since been laid-off.

I'm enclosing a check for \$150.00.  
If I owe more please contact me.  
P.S. My mother is 94 and can't walk.

Sincerely,

John Stetz Jr

