

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 17, 2004 8:00 am
Secretary of State

03-17-2004 90278 041 ****50.00

DOCUMENT # L03000010558

1. Entity Name

J & P ENTERPRISES, LLC



Principal Place of Business

3425 S. ATLANTIC AVE UNIT #705
DAYTONA BEACH SHORES FL 32118

Mailing Address

3425 S. ATLANTIC AVE UNIT #705
DAYTONA BEACH SHORES FL 32118

29064010



MOORE CR2E083 (11/03)

2. Principal Place of Business

5000 S. CLYDE MORRIS BLVD.

3. Mailing Address

SAME AS ON LEFT

Suite, Apt. #, etc.

STE. #14

Suite, Apt. #, etc.

City & State

PORT ORANGE, FL -

City & State

4. FEI Number

56-2351296

Applied For

Not Applicable

Zip

32127

Country

U.S.

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

-KEARN, JAMES J.P.A.
138 LIVE OAK AVENUE
DAYTONA BEACH FL 32114-4912

7. Name and Address of New Registered Agent

Name

JOHN KAISER

Street Address (P.O. Box Number is Not Acceptable)

1745 CREEKWATER BLVD.

City

PORT ORANGE

FL

Zip Code

32128

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

JOHN KAISER, John Kaiser

3/2/04

Signature, typed or printed name of registered agent and fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2004

9. MANAGING MEMBERS/MANAGERS

TITLE NAME JOHN KAISER, PRES. ☐ Delete
STREET ADDRESS 1745 CREEKWATER BLVD.
CITY-ST-ZIP PORT ORANGE, FL- 32128

TITLE NAME PATRICIA KAISER ☐ Delete
STREET ADDRESS SECR./TREASURER
CITY-ST-ZIP 1745 CREEKWATER BLVD.
PORT OR

TITLE NAME KEITH KAISER ☐ Delete
STREET ADDRESS MANAGER
CITY-ST-ZIP 1645 DUNLAWTON AVE.
PORT ORANGE, FL- 32127

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
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TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

John Kaiser, President

JOHN KAISER, PRES.

3/2/04 (386) 760-7776

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #