


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Sep 02, 2004 08:00 AM
Secretary of State

DOCUMENT # L21826 1. Entity Name FLYING J. TREE CO., INC.	
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Principal Place of Business 895 BAVAR RD. KENANSVILLE, FL 34739 US	Mailing Address P.O. BOX 236 KENANSVILLE, FL 34739 US
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DO NOT WRITE IN THIS SPACE



08272004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2995140	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent BAVAR, SHARON 895 BAVAR ROAD KENANSVILLE, FL 34739
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**DO NOT WRITE
IN THIS SPACE**

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>Sharon Bavar</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing)</small>	DATE: <u>8-29-04</u>
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FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BAVAR, SHARON 895 BAVAR ROAD KENANSVILLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BAVAR, JEFF 895 BAVAR RD. KENANSVILLE, FL 34739
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BAVAR, MATT PO BOX 236 KENANSVILLE, FL 34739
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U00000171474
09/02/04-80003-004 550.00

**DO NOT WRITE
IN THIS SPACE**

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>Sharon Bavar</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	DATE: <u>8-29-04</u>	DAYTIME PHONE #: <u>337-243-6891</u>
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