

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90499 024 ***150.00



DOCUMENT # L24377
 1. Entity Name
S & J LIMITED PARTNERS, INC.

Principal Place of Business Mailing Address
517 100TH AVENUE NORTH **517 100TH AVENUE NORTH**
NAPLES FL 34108 **NAPLES FL 34108,**
US **US**

2. Principal Place of Business 3. Mailing Address
3511 MASENTA CT. **3511 MASENTA CT**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
NAPLES, FL **NAPLES, FL**

Zip Country Zip Country
34112 **Collier** **34112** **USA**

MOORE CR2E034 (11/03)
 4. FEI Number **65-0161096** Applied For
 Not Applicable
 5. Certificate of Status Desired **\$8.75** Additional
 Fee Required

6. Name and Address of Current Registered Agent
RALPH, GARY A
~~**4532 TAMiami TRAIL E.**~~
~~**NAPLES FL 34112**~~

7. Name and Address of New Registered Agent
 Name **ANTONIO TRSIP**
 Street Address (P.O. Box Number is Not Acceptable)
7955 Airport Rd
#101
 City **NAPLES** FL Zip Code **34109**

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 DATE **4/15/04**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HAYES, SHIRLEY A. 2500 MARSHCREEK LANE #201 NAPLES FL 34119 34112	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition

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: DATE **4/17/04** 239-293-5458
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #