

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 20, 2004 8:00 am**  
**Secretary of State**

04-20-2004 90015 048 \*\*\*150.00

**DOCUMENT # L69578**

1. Entity Name

B & J OF ST. AUGUSTINE, INC.



Principal Place of Business

P.O. BOX 168  
ST. AUGUSTINE FL 32085-7168

Mailing Address

P.O. BOX 168  
ST. AUGUSTINE FL 32085-7168

34037052



MOORE CR2E034 (11/03)

2. Principal Place of Business

100 SAN MARCO AVE  
Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

ST. AUGUSTINE, FL

City & State

Zip

32084

Country

ST. Johns

Zip

Country

4. FEI Number

59-3001424

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

BAILEY, JOHN D. JR  
780 N PONCE DE LEON BLVD.  
ST. AUGUSTINE FL 32084

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**

**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PTD ☐ Delete  
NAME JACKSON, BOBBY G.  
STREET ADDRESS PO BOX 168 N/A  
CITY-ST-ZIP ST. AUGUSTINE FL

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

TITLE VSD ☐ Delete  
NAME JACKSON, E. JOAN  
STREET ADDRESS PO BOX 168 N/A  
CITY-ST-ZIP ST. AUGUSTINE FL

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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TITLE ☐ Change ☐ 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:** Bobby G. Jackson **BOBBY G. JACKSON** 2/27/04 904/471-8072  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #