


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2004 08:00 AM
Secretary of State

DOCUMENT # L78342	
1. Entity Name J. EVERITT AND ASSOCIATES, INC.	

Principal Place of Business P O BOX 90220 GAINESVILLE, FL 32607	Mailing Address P O BOX 90220 GAINESVILLE, FL 32607
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent EVERITT, JACK 10146 SW 52ND RD GAINESVILLE, FL 32608	DO NOT WRITE IN THIS SPACE
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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	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000104374 04/06/04-80008-006 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D EVERITT, JACK 10146 SW 52ND RD GAINESVILLE, FL
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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)(f), 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: *JM Everitt* 4/5/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #