

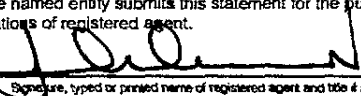



**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 16, 2004 08:00 AM
Secretary of State

DOCUMENT # L89127			
1. Entity Name J. R. CROCKETT, INC.			
Principal Place of Business 1167 NE. 24TH STREET WILTON MANORS, FL 33305 US		Mailing Address 1167 NE. 24TH STREET C WILTON MANORS, FL 33305 US	
DO NOT WRITE IN THIS SPACE			
		 01062004 No Chg-P CR2E034 (10/03)	
		4. FEI Number 65-0212135	Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CROCKETT, JOHN R 2157 CORAL GARDENS DR WILTON MANORS, FL 33306			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:  J.R. CROCKETT, Pres 1/13/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> 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	
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT CROCKETT, JOHN R. 2157 CORAL GARDENS DR WILTON MANORS, FL		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CROCKETT, HELENE 2157 CORAL GARDENS DR. WILTON MANORS, FL		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CROCKETT, SAMUEL K 1433 NE 17TH WAY FT LAUDERDALE, FL		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE 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)(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:  J.R. CROCKETT 1/13/04 (954) 565-11654 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			