2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # L91826

Entity Name

J.P. TARDIF ENTERPRISES, INC.



FILED Feb 24, 2004 08:00-AM Secretary of State

Principal Place of Business

7800 WEST OAKLAND PARK BLVD.

BUILDING "G" SUNRISE, FL 33351-6741 Mailing Address

7800 WEST OAKLAND PARK BLVD. BUILDING "G"

BUILDING "G" SUNRISE, FL 33351-6741



DO NOT WRITE IN THIS SPACE

02062004 No Chg-P CR2E034 (10/03)

Applied For

4. FEI Number 65-0205010

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LAPIERRE, REJEAN 7800 WEST OAKLAND PARK BLVD. BUILDING "G" SUNRISE, FL 33321

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			4		<u> </u>				: 200		
8.	. The above named enti	ity submits this	statement for th	e purpose of changing its r	egistered office or registe	red agent, or	both, i	n the Sta	te of Florida.	I am familiar with,	and accept
	the obligations of regis	stered agent.		_ •	_						

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE Registered Agent signature required when reinstading)

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STAC

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees U00000064423 02/24/04-80012-001 150.00

OFFICERS AND DIRECTORS 10. PSD TITLE NAME TARDIF, MAURICE STREET ADDRESS 7800 W. OAKLAND PK BLVD CATY-ST-ZIP SUNRISE, FL TITLE LAPIERRE, REJEAN NAME STREET ADDRESS 7800 W. OAKLAND PK BLVD SUNRISE, FL CITY-ST-ZIP TITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE 3MAM STREET ADDRESS

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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 cath; 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:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DISPECTOR

02/20/04

Daysime Phone #