


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2004 08:00 AM
Secretary of State

DOCUMENT # M91771
 1. Entity Name
 J-BAR OF NORTH FLORIDA, INC.



Principal Place of Business
 C/O SMITH HULSEY & BUSEY
 225 WATER STREET, STE 1800
 JACKSONVILLE, FL 32202

Mailing Address
 C/O SMITH HULSEY & BUSEY
 225 WATER STREET, STE 1800
 JACKSONVILLE, FL 32202



01082004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
 59-2901582 Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 SMITH HULSEY & BUSEY
 1800 FIRST UNION NATIONAL BANK TOWER
 225 WATER STREET
 JACKSONVILLE, FL 32202

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 _____ (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. \$5.00 May Be Added to Fees

U00000117773
 04/19/04-80033-009 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS WILLIAMS, MICHAEL J. 8786 PERIMETER PARK BLVD. JACKSONVILLE, FL 32216
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT WILLIAMS, BARBARA 8786 PERIMETER PARK BLVD. JACKSONVILLE, FL 32216
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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)(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: [Signature] 4/15/04 (904) 620-8000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #