

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 25, 2004 8:00 am
Secretary of State

02-25-2004 90030 010 ***150.00

DOCUMENT # M94059

1. Entity Name

J & J LOGGING, INC.



Principal Place of Business

4973 JOINER CIRCLE
MILTON FL 32583-3080
US

Mailing Address

4973 JANER CIRCLE
MILTON FL 32583-3080
US

2. Principal Place of Business

3. Mailing Address

4973 Joiner Circle

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Milton FL

Zip

Country

Zip

Country

32583

USA

4. FEI Number

59-2903852

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

JERNIGAN, KIMBERLY
4962 JOINER CIRCLE
MILTON FL 32583

Name

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

City

FL

Zip Code

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	P	<input type="checkbox"/> Delete
NAME	JOINER, WILLIAM LAMAR	
STREET ADDRESS	4973 JOINER CIRCLE	
CITY-ST-ZIP	MILTON FL 32583	
TITLE	VP	<input type="checkbox"/> Delete
NAME	JODY LAMAR JOINER	
STREET ADDRESS	4970 JOINER CIRCLE	
CITY-ST-ZIP	MILTON FL 32583	
TITLE	ST	<input type="checkbox"/> Delete
NAME	KIMBERLY JERNIGAN	
STREET ADDRESS	4962 JOINER CIRCLE	
CITY-ST-ZIP	MILTON FL 32583	
TITLE	T	<input type="checkbox"/> Delete
NAME	JOINER, CHANDA	
STREET ADDRESS	4970 JOINER CIRCLE	
CITY-ST-ZIP	MILTON FL 32583	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

Chanda Joiner Chanda Joiner

2/8/04

850-626-6350

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #