


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2004 08:00 AM
Secretary of State

DOCUMENT # P00000014755
 1. Entity Name
JS AND COMPANY SUBHOUSE, INC.



Principal Place of Business Mailing Address
 8031 S. FEDERAL HWY 8031 S. FEDERAL HWY
 PORT ST. LUCIE, FL 34952 PORT ST. LUCIE, FL 34952

DO NOT WRITE IN THIS SPACE



01182004 No Chg-P CR2E034 (10/03)

4. FTI Number **65-0805878** Applied For / Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
QUINLIN, REGINA K
6011 S. FEDERAL HWY
PORT ST. LUCIE, FL 34982

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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 _____ (NOTE: Registered Agent signature required when relocating) _____ 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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D QUINLIN, REGINA K 6011 S. FEDERAL HWY PORT ST. LUCIE, FL 34982
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D QUINLIN, STEVEN R 6011 S. FEDERAL HWY PORT ST. LUCIE, FL 34982
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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)(c), 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: Regina K Quinlin Regina K Quinlin 3-17-04 772 871-5333
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #