


# 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 8031 S. FEDERAL HWY PORT ST. LUCIE, FL 34952	Mailing Address 8031 S. FEDERAL HWY PORT ST. LUCIE, FL 34952
--	--

**DO NOT WRITE IN THIS SPACE**



01182004 No Chg-P CR2E034 (10/03)

4. FFI Number 65-0805878	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$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
---

**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 _____ <small>Signatures, typed or printed name of registered agent and fee if applicable (NOTE: Registered Agent signature required when relocating)</small>	DATE _____
---	------------

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>	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	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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000094936  
03/22/04-80055-018 150.00

**DO NOT WRITE  
IN THIS SPACE**

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: <u>Regina K Quinlin</u> <u>Regina K Quinlin</u> 3-17-04 772 871-5333	<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date</small>	<small>Daytime Phone</small>
---	---	---------------------	------------------------------