

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2004 8:00 am
Secretary of State

04-05-2004 90411 048 ***150.00

DOCUMENT # P00000081250

1. Entity Name
J.O.C. ENTERPRISES, INC.



Principal Place of Business
**4422 DEER RIDGE PALCE
SARASOTA, FL 34231**

Mailing Address
**4422 DEER RIDGE PALCE
SARASOTA, FL 34233**

94044753



02042004 Chg-P CR2E034 (10/03)

2. Principal Place of Business

3694 Taro Way
Suite, Apt. #, etc.

3. Mailing Address

3694 Taro Way
Suite, Apt. #, etc.

City & State

Sarasota, FL.

City & State

Sarasota, FL.

4. FEI Number
65-1029630

Applied For
Not Applicable

Zip
34232

Country

Zip
34232

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**COOK, JOHN O
4422 DEER RIDGE PALCE
SARASOTA, FL 34231**

7. Name and Address of New Registered Agent

Name **Daniel Prewett**
Street Address (P.O. Box Number is Not Acceptable)
5777 Beneva Rd So
City **Sarasota** FL Zip Code **34233**

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]

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

(NOTE: Registered Agent signature required when reappointing)

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 COOK, JOHN O 4422 DEER RIDGE PALCE SARASOTA, FL 34231	☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P/T/S/VP	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Addition

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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/4/04 228-3490