## 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## DOCUMENT # P00000104979

1. Entity Name

J & T ASSOCIATES, INC



## FILED Jul 26, 2004 8:00 am Secretary of State

07-26-2004 90003 038 \*\*\*550.00

0 Q 1 A330	CIATES, INC.	•			•						
Principal Place of	Business	Mailing Address									
124 ST. GEORGE ST. SAINT AUGUSTINE FL 32084		128 SPARTINA AVE ST AUGUSTINE FL 32080			15	ſ					
	! !!				´ III	OLITARE ES CONTI DO				13 <b>86</b> (1 128)	
2. Principal Place of Business		3. Mailing Address			\$						
Suite, Apt. #, etc.		Suite, Apt. #, etc.				MOORE	CR	2E034 (1	1/03)		
City & State		City & State			4. FEI Number 59-3681984				Applied For Not Applicable		
Zip	Country	Zip	Country		5. Certificate	e of Status (	Desired	□ \$8 Fee	.75 Add Required	litional d	
	6. Name and Address of Current	Registered Agent			7. Name an	d Address	of New Regi	stered Age	nt		
5/5/1		··	Name		<u>.</u>					-	
128 SF	INO, JOHN B PARTINA AVE GUSTINE FL 32080		Street Ad	dress (P	O. Box Numb	oer is Not A	cceptable)	-			
3	G051114E1 E 52000										
•			City						Zip Code		
B. The above nar the obligations	ned entity submits this statement for of registered agent.	r the purpose of changing its r	egistered office or r	egistere	ed agent, or be	oth, in the S	tate of Florida	a. I am fami	liar with,	and accept	
SIGNATURE	2										
	ature, typed or printed name of registered agent	and title if applicable. (NOTE:	Registered Agent signature	e required w	when reinstating)			DATE			
After Ma	NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.00 lyable to Florida Department of	State				lection Cam rust Fund C	paign Financontribution.	eing	\$5.0 Added	O May Be to Fees	
10.	OFFICERS AND	\$2 \dag{1.02}	11,	,	ADDITIONS	CHANCE	TO OFFICE	DC AND DI	SECTOR	2 (6) 4 4	
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MAME   PADALINO, IHERESA M			NAME								
STREET ADDRESS 128 SPARTINA AVE. CITY-ST-ZIP SAINT AUGUSTINE FL 32080			STREET ADDRESS								
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ITY-ST-ZIP	with the information available with	ALC 200 - 4	CITY-ST-ZIP	11. 6							

2. 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

GIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/U/04

Daytime Phone #