


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90315 040 ***150.00

DOCUMENT # P01000002853	
1. Entity Name J & K AUTO BODY CORP.	

Principal Place of Business 1372 A BLOUNTOWN HWY TALLAHASSEE, FL 32304	Mailing Address 1372 A BLOUNTOWN HWY TALLAHASSEE, FL 32304
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2. Principal Place of Business 1372 A Blountown Hwy Suite, Apt. #, etc.	3. Mailing Address 1372 A Blount Hwy Suite, Apt. #, etc.
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City & State Tallahassee FL	City & State Tallahassee FLA
Zip 32304	Zip 32304
Country LCOW	Country LCOW



04262004 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent MCCHARGUE, KENNY 2766 W BURY DR TALLAHASSEE, FL 32303		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 <u><i>Kenny McChargue</i></u> (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title, if applicable.		DATE <u><i>Apr 26-04</i></u>	
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FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCCHARGUE, KENNY 2766 W BURY DR TALLAHASSEE, FL 32303 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 info empowered.

SIGNATURE: <u><i>Kenny McChargue</i></u> Signature and typed or printed name of signing officer or director	Date <u><i>Apr 26-04</i></u>	Daytime Phone # <u><i>580-9865</i></u>
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