


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2004 8:00 am
Secretary of State

04-16-2004 90076 050 ***150.00

DOCUMENT # P01000014396

1. Entity Name
J & S BEACHSIDE FOOD MART, INC.



Principal Place of Business
**1208 S. ATLANTIC AVE.
 NEW SMYRNA BEACH, FL 32169**

Mailing Address
**1208 S. ATLANTIC AVE.
 NEW SMYRNA BEACH, FL 32169**

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
1848 BANYAN TREE DR.
 Suite, Apt. #, etc.

City & State
EDGEWATER, FL.

City & State
EDGEWATER, FL.

Zip
32141

Country
VOUS-IA

Zip
32141

Country
VOUS-IA



04092004 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent

HANDY, BETTY SUE A
~~1208 S. ATLANTIC AVE.~~
~~NEW SMYRNA BEACH, FL 32169~~

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
1848 BANYAN TREE DR.
 City **EDGEWATER** FL Zip Code **32141**

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: *Joyce R. Arnold* (NOTE: Registered Agent signature required when reinstating) 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	PD ARNCLD, JOYCE RUBY 1848 BANYAN TREE DR. EDGEWATER, FL 32141	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPTS HANDY, BETTY SUE A 1848 BANYAN TREE DR. EDGEWATER, FL 32141	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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"/> Change <input type="checkbox"/> Addition
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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 like empowered.

SIGNATURE: *Joyce R. Arnold*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #