


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 08, 2004 08:00 AM
Secretary of State

DOCUMENT # P01000053352	
1. Entity Name JORDAN AND ASSOCIATES, INC. OF ST. AUGUSTINE	

Principal Place of Business 709 CHARMWOOD DR. ST. AUGUSTINE, FL 32086	Mailing Address 709 CHARMWOOD DR. ST. AUGUSTINE, FL 32086
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DO NOT WRITE IN THIS SPACE



04072004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3719045	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent JORDAN, GARY W 709 CHARMWOOD DR. ST. AUGUSTINE, FL 32086	
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**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: [Signature] GARY W JORDAN PRESIDENT 4-7-04
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering) DATE

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	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PD JORDAN, GARY W 709 CHARMWOOD DR. ST. AUGUSTINE, FL 32086
TITLE NAME STREET ADDRESS CITY- ST- ZIP	SD JORDAN, KAREN F 709 CHARMWOOD DR. ST. AUGUSTINE, FL 32086
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U00000106241
U4/U8/U4-80007-020 150.00

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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)(f), 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] GARY W JORDAN PRESIDENT 4-7-04 904-825-0600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #