2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000054365

Entity Name: J. T. HOLDINGS OF FLAGLER COUNTY, INC.

FILED Feb 29, 2004 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:		
102 PALM COAST PKWY PALM COAST, FL 32137	100 PALM COAST PKWY PALM COAST, FL 32137		
Current Mailing Address:	New Mailing Address:		
102 PALM COAST PKWY PALM COAST, FL 32137	100 PALM COAST PKWY PALM COAST, FL 32137		
FEI Number: 59-3720780 FEI Number Applied For ()	FEI Number Not Applicable () Certificate of Status Desired ()	
Name and Address of Current Registered Agent:	Name and Address of New Registered Agent:	Name and Address of New Registered Agent:	
DONALD W. DUNCAN, P.A. 21 OLD KINGS ROAD NORTH PALM COAST, FL 32137 US			
The above named entity submits this statement for the puin the State of Florida.	rpose of changing its registered office or registered agent, or	both	
SIGNATURE:			

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: (X) Change () Addition () Delete Title: ROBBINS, ANN ROBBINS, ANN Name: Name: 100 PALM COAST PARKWAY P. O. BOX 1520 Address: Address: City-St-Zip: BUNNELL, FL 32110 City-St-Zip: PALM COAST, FL 32137 Title: () Delete Title: (X) Change () Addition ROBBINS, JONATHAN ROBBINS, JONATHON Name: Name: Address: P. O. BOX 1520 Address: 100 PALM COAST PARKWAY BUNNELL, FL 32110 PALM COAST, FL 32137 City-St-Zip: City-St-Zip: Title: Title: (X) Change () Addition () Delete PATERSON, WILLIAM Name: Name: PATERSON, WILLIAM Address: P. O. BOX 1520 Address: 100 PALM COAST PARKWAY City-St-Zip: BUNNELL, FL 32110 City-St-Zip: PALM COAST, FL 32137

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JONATHON ROBBINS D 02/29/2004