

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 03, 2004 8:00 am
Secretary of State

03-03-2004 90012 015 ***150.00

DOCUMENT # P01000061662 1. Entity Name J & S SCEARCE, INC.					
Principal Place of Business 2700 NORTH US HIGHWAY 27 LOT 308 LAKE WALES FL 33859 3305 US 98 South LAKELAND FL 33803			Mailing Address 2700 NORTH US HIGHWAY 27 LOT 308 LAKE WALES FL 33859 402 MARTINIQUE DR LAKE WALES FL 33859-6872		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip 33859 Country		Zip 33859 Country USA		4. FEI Number 59-3728754	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent SCEARCE, SHARRON R 2700 NORTH US HIGHWAY 27 LOT 308 LAKE WALES FL 33859-33859			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ (NOTE: Registered Agent signature required when resigning) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$350.00 Make Check Payable to Florida Department of State					
9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SCEARCE, JIM, 2700 N US HWY 27 LOT 308 LAKE WALES FL 33859-33859		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT SHARRON, SEARCE 2780 N US HWY 27 LOT 308 FORT LAUDERDALE FL 33332 ? wrong address		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT Scearce, Sharron 2700 N. US Hwy. 27 Lot 308 Wrong Lake Wales, FL. 33859 ADDRESS?	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES SHARRON, SCEARCE 402 MARTINIQUE DR LAKE WALES, FL 33859-6872	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: <u>Sharron R. Scearce</u> Sharron R. Scearce 2/13/04 (863)676-8424					