

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 09, 2005 8:00 am
Secretary of State

02-09-2005 90049 029 ***150.00

DOCUMENT # P01000061662	
1. Entity Name J & S SCEARCE, INC.	



Principal Place of Business 3305 U.S. 98 SOUTH LAKE LAND FL 33803	Mailing Address 402 MARTINIQUE DR. LAKE WALES FL 33859
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



1st MOORE CR2E034 (10/04)

4. FEI Number 59-3728754		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SCEARCE, SHARRON R 2700 NORTH US HIGHWAY 27 LOT 308 LAKE WALES FL 33859 402 MARTINIQUE DRIVE		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 Sharron Scarce DATE 2/4/05
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. ☐ \$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	P	☐ Delete		TITLE	P	☒ Change ☐ Addition	
NAME	SCEARCE, JIM,			NAME	SCEARCE, JIM		
STREET ADDRESS	2700 N US HWY 27 LOT 308			STREET ADDRESS	402 MARTINIQUE DR		
CITY-ST-ZIP	LAKE WALES FL 33859			CITY-ST-ZIP	LAKE WALES, FL 33859		
TITLE	VPT	☐ Delete		TITLE	VPT	☒ Change ☐ Addition	
NAME	SCEARCE, SHARRON			NAME	SCEARCE, SHARRON		
STREET ADDRESS	2700 N. US HWY 27 LOT 308			STREET ADDRESS	402 MARTINIQUE DR.		
CITY-ST-ZIP	LAKE WALES FL 33859			CITY-ST-ZIP	LAKE WALES, FL 33859		
TITLE	P	☐ Delete		TITLE		☐ Change ☐ Addition	
NAME	SCEARCE, SHARRON			NAME			
STREET ADDRESS	402 MARTINIQUE DR.			STREET ADDRESS			
CITY-ST-ZIP	LAKE WALES FL 33859			CITY-ST-ZIP			
TITLE		☐ Delete		TITLE		☐ Change ☐ Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		☐ Delete		TITLE		☐ Change ☐ Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		☐ Delete		TITLE		☐ Change ☐ Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

I certify the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information is true and correct as it is made under oath; that I am an officer or director of the corporation.

CR2E034 (10/04)

1st MOORE

Fold report so address appears in window