

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 23, 2004 8:00 am
Secretary of State

03-23-2004 90004 043 ***150.00

DOCUMENT # P01000077780

1. Entity Name
JEAN T. SCOTT, P.A.



Principal Place of Business
**725 ATLANTIC BLVD.
ATLANTIC BEACH, FL 32233**

Mailing Address
**112 PABLO POINT DRIVE
JACKSONVILLE, FL 32225**

**725-5 Atlantic Blvd.
Atlantic Beach 32233**



03052004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3737673

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**SCOTT, JEAN T
112 PABLO POINT DR.
JACKSONVILLE, FL 32225**

**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 _____ (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 **D**
NAME **SCOTT, JEAN T**
STREET ADDRESS **1401 S. 1ST STREET #E**
CITY-ST-ZIP **JACKSONVILLE BEACH, FL 32250** *change address*

TITLE **President**
NAME **JONES, Jean T.**
STREET ADDRESS **#27 Jardin de mer**
CITY-ST-ZIP **Jacksonville Beach FL 32250**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
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)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/18/04

Date

(904) 249-2640

Daytime Phone #