


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2004 8:00 am
Secretary of State

04-05-2004 90049 035 ***150.00

DOCUMENT # P01000112747

1. Entity Name
J & K ENTERPRISES OF WINTER HAVEN, INC.



Principal Place of Business
**1411 GRAND CAYMAN CIR.
 WINTER HAVEN, FL 33884**


Mailing Address
**1411 GRAND CAYMAN CIR.
 WINTER HAVEN, FL 33884**

94042867

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State
 Zip Country



04022004 Chg-P CR2E034 (10/03)

4. FEI Number
59-3758082

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**TAYLOR, JACK E
 1411 GRAND CAYMAN CIR.
 WINTER HAVEN, FL 33884**

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 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 <input type="checkbox"/> Delete	NAME TAYLOR, JACK E
STREET ADDRESS 1411 GRAND CAYMAN CIR.	CITY-ST-ZIP WINTER HAVEN, FL 33884
TITLE <input type="checkbox"/> Delete	NAME
STREET ADDRESS	CITY-ST-ZIP
TITLE <input type="checkbox"/> Delete	NAME
STREET ADDRESS	CITY-ST-ZIP
TITLE <input type="checkbox"/> Delete	NAME
STREET ADDRESS	CITY-ST-ZIP
TITLE <input type="checkbox"/> Delete	NAME
STREET ADDRESS	CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME JACK E. TAYLOR
STREET ADDRESS 1411 GRAND CAYMAN CIR	CITY-ST-ZIP WINTER HAVEN FL 33884
TITLE VP/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME KAREN TAYLOR
STREET ADDRESS 1411 GRAND CAYMAN CIR	CITY-ST-ZIP WINTER HAVEN FL 33884
TITLE SEC./D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME RONALD A. YOST
STREET ADDRESS 112 AVENUE E SW	CITY-ST-ZIP WINTER HAVEN FL 33880
TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
STREET ADDRESS	CITY-ST-ZIP
TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
STREET ADDRESS	CITY-ST-ZIP
TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
STREET ADDRESS	CITY-ST-ZIP

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: Jack E. Taylor **JACK E. TAYLOR** Date: 4/2/04 Daytime Phone #: 863-453-5177