


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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

08-03-2004 90005 009 ***150.00

DOCUMENT # P01000115686

1. Entity Name
JONI'S BEACH RENTALS, INC.




Principal Place of Business Mailing Address
312 THOMAS DR PANAMA CITY BEACH FL 32408 **312 THOMAS DR PANAMA CITY BEACH FL 32408**

2. Principal Place of Business 3. Mailing Address
7328 Thomas DR. Suite A PANAMA City Beh, FL 32408 **7328 Thomas DR. Suite A PANAMA City Beh, FL 32408**

4. FEI Number **26-0036737** Applied For Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**

54066492

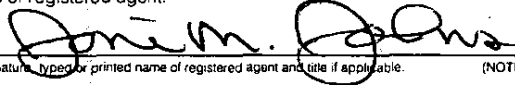


MOORE CR2E034 (4/04)

6. Name and Address of Current Registered Agent
JOHNS, JONI M
312 THOMAS DR
PANAMA CITY BEACH FL 32408

7. Name and Address of New Registered Agent
 Name **Johns, Joni M.**
 Street Address (P.O. Box Number is Not Acceptable) **7328 THOMAS DRIVE, Suite A**
Suite A
 City **PANAMA City Beach FL** Zip Code **32408**

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  DATE **8-2-04**

Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$550.00
DUE BY September 8, 2004
Make Check Payable to Florida Department of State

5.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00.

9. Election Campaign Financing **\$5.00** May Be Trust Fund Contribution. Added to Fees

2. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST JOHNS, JONI M 312 THOMAS DR PANAMA CITY BEACH FL 32408	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Johns, Joni M 7328 THOMAS DRIVE, suite A PANAMA City Beach, FL 32408	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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:  DATE **8-2-04** Daytime Phone # **850-330-3788**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR