

FILED

May 04, 2004 08:00 AM
Secretary of State**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P02000003489

1. Entity Name
JEFF HOUSEHOLDER AND COMPNAY, INC.Principal Place of Business
2333 W. 33RD STREET
PANAMA CITY, FL 32405Mailing Address
2333 W. 33RD STREET
PANAMA CITY, FL 32405

05032004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE4. FEI Number
30-0002702Applied For
Not Applicable5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HOUSEHOLDER, JEFFRY M
2333 W. 33RD STREET
PANAMA CITY, FL 32405**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when renewing)

DATE

**FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004**9. Election Campaign Financing
Trust Fund Contribution ☐\$5.00 May Be
Added to Fees000000155583
05/05/04-80043-011 150.00

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
HOUSEHOLDER, JEFFRY M
2333 W. 33RD STREET
PANAMA CITY, FL 32405TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
HOUSEHOLDER, PAULA P
2333 W. 33RD STREET
PANAMA CITY, FL 32405TITLE
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE
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

5/3/04

Date

352-422-2908

Daytime Phone