

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90249 048 ***158.75

DOCUMENT # P02000007885

1. Entity Name
JEFF'S 4X4, INC.



Principal Place of Business
**3523 S.W. 74TH AVENUE
SUITE 102
OCALA, FL 34474**

Mailing Address
**P.O. BOX 771864
OCALA, FL 34477**

2. Principal Place of Business
**3550 S.W. 74th Avenue
Suite, Apt. #, etc.
Suite B**

3. Mailing Address

Suite, Apt. #, etc.

City & State
Ocala, Fl

City & State

Zip
34474

Country
US

Zip

Country

03052004

Chg-P

CR2E034 (10/03)

4. FEI Number
01-0605400

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PRIEST, JEFFREY C SR.
11215 W. DUNNELLON ROAD
CRYSTAL RIVER, FL 34428**

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

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

(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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '11

TITLE **D** ☐ Delete
NAME **PRIEST, JEFFREY C SR**
STREET ADDRESS **11215 W. DUNNELLON ROAD**
CITY-ST-ZIP **CRYSTAL RIVER, FL 34428**

TITLE **D P** ☐ Change ☒ Addition
NAME **Priest, Jeffrey C Sr**
STREET ADDRESS **11215 W. Dunnellon Road**
CITY-ST-ZIP **Crystal River, Fl 34428**

TITLE **D** ☒ Delete
NAME **SHIPLEY, BRIAN**
STREET ADDRESS **5091 S.E. 17TH STREET**
CITY-ST-ZIP **OCALA, FL 34471**

TITLE **S** ☐ Change ☐ Addition
NAME **Priest, Dorothy Ellen**
STREET ADDRESS **11215 W. Dunnellon Road**
CITY-ST-ZIP **Crystal River, Fl 34428**

TITLE **D** ☒ Delete
NAME **ALLEN, SCOTT D**
STREET ADDRESS **826 SE 36TH LANE**
CITY-ST-ZIP **OCALA, FL 34471**

TITLE **S** ☐ Change ☐ Addition
NAME **Priest, Dorothy Ellen**
STREET ADDRESS **11215 W. Dunnellon Road**
CITY-ST-ZIP **Crystal River, Fl 34428**

TITLE **D** ☐ Delete
NAME **SHIPLEY, BRIAN**
STREET ADDRESS **5091 S.E. 17TH STREET**
CITY-ST-ZIP **OCALA, FL 34471**

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CITY-ST-ZIP **Crystal River, Fl 34428**

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

4/26/04
Date

352-291-2785
Daytime Phone #