



2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2004 8:00 am
Secretary of State

01-14-2004 90011 036 ***150.00

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| DOCUMENT # P02000008429 | | | |  | |
| 1. Entity Name JT S INCORPORATED | | | | | |
| Principal Place of Business 3800 A S. JOHN YOUNG PARKWAY ORLANDO, FL 32939 | | | Mailing Address 3800 A S. JOHN YOUNG PARKWAY ORLANDO, FL 32939 | | |
| 2. Principal Place of Business 3800 S. John Young Pky Suite, Apt. #, etc. C | | 3. Mailing Address 3800 S John Young Pky Suite, Apt. #, etc. C | |  | |
| City & State ORLANDO FL | | City & State ORLANDO FL | | 01122004 Chg-P CR2E034 (10/03) | |
| Zip 32839 | | Country ORANGE | | 4. FEI Number 02-0538279 | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | | | Applied For Not Applicable | |
| 6. Name and Address of Current Registered Agent MACHULES, JOSEPH 3800 A S. JOHN YOUNG PARKWAY ORLANDO, FL 32939 | | | 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 <u>Joseph Machules</u> 1-12-04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 | | 9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees Trust Fund Contribution. | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD MACHULES, JOSEPH 3800 A S. JOHN YOUNG PARKWAY ORLANDO, FL 32939 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
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| 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 <u>Joseph Machules</u> 1-12-04 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | 407843-3407 <small>Date Daytime Phone #</small> | | |