


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**

**Jan 27, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P02000009396</b>		
1. Entity Name <b>J &amp; S ENTERPRISES OF NORTH PORT, INC.</b>		

Principal Place of Business <b>1221 S. SUMTER BLVD. NORTH PORT FL 34257</b>	Mailing Address <b>1221 S. SUMTER BLVD. NORTH PORT FL 34257</b>
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2. Principal Place of Business		3. Mailing Address	
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Suite, Apt. #, etc		Suite, Apt. #, etc	
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City & State		City & State	
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Zip	Country	Zip	Country
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6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
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<b>BROWN, JAMES H</b> <b>1221 S. SUMTER BLVD.</b> <b>NORTH PORT FL 34257</b>		Name Street Address (P.O. Box Number is Not Acceptable) City State <b>FL</b> Zip Code	
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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
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<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY- ST- ZIP <input type="checkbox"/> Delete	P <b>BROWN, JAMES H</b> <b>1631 FIFTH ST.</b> <b>ENGLEWOOD FL 34223</b>	TITLE NAME STREET ADDRESS CITY- ST- ZIP <input type="checkbox"/> Change <input type="checkbox"/> ADD	U000000014698 01/27/04-80033-011 150.00
TITLE NAME STREET ADDRESS CITY- ST- ZIP <input type="checkbox"/> Delete	V <b>BROWN, STEVEN S</b> <b>12202 N. 22ND ST., #1127</b> <b>TAMPA FL 33612</b>	TITLE NAME STREET ADDRESS CITY- ST- ZIP <input type="checkbox"/> Change <input type="checkbox"/> ADD	
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"/> ADD	
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"/> ADD	
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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"/> ADD	

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: 	Date: <b>1/21/04</b>	Daytime Phone #: <b>941-423-395</b>
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