

2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

05-03-2004 90436 042 ***150.00

DOCUMENT # P02000020603

1. Entity Name
J.L. WHITAKER, INC.



Principal Place of Business
1814 SHERATON LAKES CIRCLE
MIDDLEBURG, FL 32068

Mailing Address
1814 SHERATON LAKES CIRCLE
MIDDLEBURG, FL 32068

2. Principal Place of Business

3. Mailing Address

1818 Sheraton Lakes Cir.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02052004

Chg-P

CR2E034 (10/03)

City & State

City & State
Middleburg FL

4. FEI Number
02-0547062

Applied For
Not Applicable

Zip

Country

Zip

32068

Country

United States

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

WHITAKER, JOSHUA L
1814 SHERATON LAKES CIRCLE
MIDDLEBURG, FL 32068

Name ~~J.L. Whitaker, Joshua L.~~

Street Address (P.O. Box Number is Not Acceptable)
~~1818 Sheraton Lakes Cir.~~

City ~~Middleburg~~ FL Zip Code ~~32068~~

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 WHITAKER, JOSHUA L
STREET ADDRESS 1814 SHERATON LAKES CIRCLE
CITY-ST-ZIP MIDDLEBURG, FL 32068

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE V ☒ Delete
NAME KOWACH, PAUL N
STREET ADDRESS 3336 PINE OAK LN
CITY-ST-ZIP MIDDLEBURG, FL 32068

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VTS ☐ Delete
NAME WHITAKER, KIMBERLY G
STREET ADDRESS 1814 SHERATON LAKES CIR
CITY-ST-ZIP MIDDLEBURG, FL 32068

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

Date

Daytime Phone #

4-30-04