## **2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

## Feb 10, 2004 8:00 am DOCUMENT # P02000023459 **Secretary of State** 02-10-2004 90011 034 \*\*\*150.00 J A FINANCE COMPANY Principal Place of Business Mailing Address 885 US HWY 1 885 US HWY 1 VERO BEACH FL 32960 VERO BEACH FL 32960 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E034 (11/03) 4. FEI Number Applied For City & State City & State 01-0629322 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ARSENAULT, GERALD 885 US HWY 1 Street Address (P.O. Box Number is Not Acceptable) VERO BEACH FL 32960 City 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 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10 OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PTD ☐ Change Addition TITLE ☐ Delete TITLE NAME ARSENAULT, GERALD NAME STREET ADDRESS STREET ADDRESS 236 LIVE OAK DR CITY-ST-ZIP VERO BEACH FL 32963 CITY-ST-ZIP ☐ Change SVD Delete ☐ Addition TITLE TITLE NAME ARSENAULT, ARLEEN NAME 236 LIVE OAK DR STREET ADDRESS STREET ADDRESS VERO BEACH FL 32963 CITY-ST-ZIP CITY-ST-7IP DIRECTOR ☐ Change Addition ☐ Delete TITLE TITLE HARRY C. OFFUTT 3003 CARDINAL DR STEC NAME STREET ADDRESS STREET ADDRESS VELOBEACH FL 32963 CITY-ST-ZIP CITY-ST-ZIP DIRECTOR Delete TITLE ☐ Change Addition JAMES B. CAIN NAME NAME 421 ARROWHEAD TRAIL STREET ADDRESS STREET ADDRESS VERD BEACH FL 32963 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7P CITY-ST-ZIP Change ☐ Addition TITLE Delete TITLE NAME NAME

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 of trustee empowered to effect the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver of trustee empowered to effect the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver of trustee empowered to effect the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver of trustee empowered to effect the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver of trustee empowered to effect the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver of trustee empowered to effect the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver of trustee empowered to effect the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver of trustee empowered to effect the same legal effect as if made under oath; that I am an officer or director of the corporation of the co

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS CITY-ST-7IP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

ARLEEN ARSENAULT

**FILED**