

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 26, 2004 8:00 am**  
**Secretary of State**

04-26-2004 91130 001 \*\*\*600.00

<b>DOCUMENT # P02000058904</b>					
<b>1. Entity Name</b> JUST CHEVY INC					
<b>Principal Place of Business</b> 1437 SOUTH MISSOURI AVE. CLEARWATER, FL 33756			<b>Mailing Address</b> 1437 SOUTH MISSOURI AVE. CLEARWATER, FL 33756		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt., etc. PO Box 7625		Suite, Apt., etc. PO Box 7625			
City & State CLEARWATER FL		City & State CLEARWATER, FL			
Zip 33758		Country USA		Zip 33758	
Country USA		Country USA			
<b>6. Name and Address of Current Registered Agent</b> O'ROURKE, LINDA J 1437 SOUTH MISSOURI AVE. CLEARWATER, FL 33756			<b>7. Name and Address of New Registered Agent</b> Name JENKINS-O'ROURKE, LINDA D Street Address (P.O. Box Number is Not Acceptable) 1437 S. Missouri Ave City CLEARWATER FL Zip Code 33756		
<b>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.</b> SIGNATURE:  LINDA JENKINS O'ROURKE 4/21/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>			<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD O'ROURKE, LINDA J 1437 SOUTH MISSOURI AVE. CLEARWATER, FL 33756		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JENKINS-O'ROURKE, LINDA D. 1437 S. Missouri Ave CLEARWATER, FL 33756	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD O'ROURKE, PATRICK 1437 SOUTH MISSOURI AVE. CLEARWATER, FL 33756		TITLE NAME STREET ADDRESS CITY-ST-ZIP	CLEARWATER, FL 33756	
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	
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	
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	
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	
<b>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.</b>					
<b>SIGNATURE:</b> LINDA JENKINS O'ROURKE 4/21/04 727449311 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					