

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000061994

Entity Name: K.S. & J.M. INCORPORATED

FILED
Apr 23, 2004
Secretary of State

Current Principal Place of Business:

500 SOUTH PALAFOX STREET
PENSACOLA, FL 32502

New Principal Place of Business:

Current Mailing Address:

500 SOUTH PALAFOX STREET
PENSACOLA, FL 32502

New Mailing Address:

FEI Number: 02-0622024

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SUSKIND, KARYN S
2873 WHISPER LAKE DRIVE
GULF BREEZE, FL 32563 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSTD () Delete
Name: SUSKIND, KARYN S
Address: 500 SOUTH PALAFOX STREET
City-St-Zip: PENSACOLA, FL 32502

Title: VD () Delete
Name: M. JOHN MCWHORTER,
Address: 500 SOUTH PALAFOX STREET
City-St-Zip: PENSACOLA, FL 32502

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: MC WHORTER, MICHAEL J
Address: 13351 JOHNSON BEACH ROAD
City-St-Zip: PENSACOLA, FL 32507

Title: VP (X) Change () Addition
Name: NORWOOD, WILL L
Address: 5287 BALFOUR ROAD
City-St-Zip: PENSACOLA, FL 32507

Title: TREA () Change (X) Addition
Name: MC MILLEN, MARK J
Address: 10917 BRIDGECREEK DRIVE
City-St-Zip: PENSACOLA, FL 32506

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL JOHN MC WHORTER

PRES

04/23/2004

Electronic Signature of Signing Officer or Director

_____ Date