

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000070802

Entity Name: JSL PROPERTIES, INC.

FILED  
Jan 05, 2004  
Secretary of State

## Current Principal Place of Business:

314 N MARION AVE  
LAKE CITY, FL 32055

## New Principal Place of Business:

## Current Mailing Address:

314 N MARION AVE  
LAKE CITY, FL 32055

## New Mailing Address:

FEI Number: 30-0109232

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

LUDWIG & BUNN PA  
5150 BELFORT RD. S., BLDG. 500  
JACKSONVILLE, FL 32256 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: P ( ) Delete  
Name: HAIR, JAMES L II  
Address: RT. 2 BOX 363-16  
City-St-Zip: LAKE CITY, FL 32024

Title: S ( ) Delete  
Name: HAIR, JUSY  
Address: 314 N MARION AVE  
City-St-Zip: LAKE CITY, FL 32055

Title: T ( ) Delete  
Name: TYRE, JEFFREY R  
Address: 403 BRADY CIRCLE  
City-St-Zip: LAKE CITY, FL 32055

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: S (X) Change ( ) Addition  
Name: HAIR, JUDY  
Address: 314 N MARION AVE  
City-St-Zip: LAKE CITY, FL 32055

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: JAMES LAMBERT HAIR 2ND

P

01/05/2004

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date