

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000090537

Entity Name: 2JS & ASSOCIATES, INC.

FILED  
Apr 04, 2005  
Secretary of State

## Current Principal Place of Business:

309 EDGE OF WOOD ROAD, STREET  
AUGUSTINE, FL 320923720

## New Principal Place of Business:

309 EDGE OF WOODS ROAD  
AUGUSTINE, FL 320923720

## Current Mailing Address:

309 EDGE OF WOODS ROAD  
ST. AUGUSTINE, FL 320923720

## New Mailing Address:

FEI Number: 55-0791898

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SCHILIN, JOHN  
309 EDGE OF WOODS ROAD  
ST. AUGUSTINE, FL 320923720 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: DPS ( ) Delete  
Name: SCHILIN, JOHN  
Address: 309 EDGE OF WOOD ROAD, STREET  
City-St-Zip: AUGUSTINE, FL 320923720

Title: DVT ( ) Delete  
Name: SCHILIN, JOAN  
Address: 309 EDGE OF WOOD ROAD, STREET  
City-St-Zip: AUGUSTINE, FL 320923720

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPS (X) Change ( ) Addition  
Name: SCHILIN, JOHN  
Address: 309 EDGE OF WOODS ROAD  
City-St-Zip: AUGUSTINE, FL 320923720

Title: DVT (X) Change ( ) Addition  
Name: SCHILIN, JOAN  
Address: 309 EDGE OF WOODS ROAD  
City-St-Zip: AUGUSTINE, FL 320923720

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: JOHN SCHILIN

DPS

04/04/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date