2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

FILED Apr 28, 2004 8:00 am Secretary of State **DOCUMENT # P02000121124** 1. Entity Name J & K ENTERPRISES OF JACKSONVILLE, INC. 04-28-2004 90236 031 ***150.00 Principal Place of Business Mailing Address 6920 BEACH BOULEVARD 6920 BEACH BOULEVARD JACKSONVILLE, FL 32216 JACKSONVILLE, FL 32216 2. Principal Place of Business 3. Mailing Address 3600 beadwood Ct 3600 Bead Suite, Apt. #, etc Suite, Apt. #, etc. 03272004 Chg-P CR2E034 (10/03) City & State City & State 4. FEI Number Applied For Sack son 47-0901416 Not Applicable Country USA Country \$8.75 Additional 5. Certificate of Status Desired 6.-Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent -- --HASTY, JOHN C Street Address (P.O. Box Number is Not Acceptable) 6920 BEACH BOULEVARD JACKSONVILLE, FL 32216 3600 Beachwood Ct. 8. The above named entity subdits 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 **red**ister*ce* SIGNATURE e, typed or printed na ne of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2004 Fee will be \$550.00 10, OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Secretary TITLE ☐ Delete TITLE Change ☐ Addition KAREL Wiler CULLER, KAREN NAME NAME 3600 Beachwood Ct. STREET ADDRESS 6920 BEAD BLVD STREET ADDRESS CITY-ST-ZIF JACKSONVILLE, FL 32216 CITY-ST-ZIP Jacksonville FC 3200 TITLE Delete *res*iden Change Addition HASTY, JOHN C NAME beat water 6920 BEAD BLVD 3600 Beach wood Cl STREET ADDRESS STREET ADDRESS CITY-ST-ZIF JACKSONVILLE, FL 32216 CITY-ST-ZIP Jacksonville Florid TITLE - ⊡ · Delete -TITLE - Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7P CITY-ST-ZIP

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. SIGNATURE: SIMNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR D