## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Mar 19, 2004 8:00 am Secretary of State

DOCUMENT # P03000014407  1. Entity Name J & S FRAMING OF JACKSONVILLE, INC.							03-19-200	90026	038 **	*150.00
Principal Place of Business Mailing Address 4266 HUNTINGTON FOREST BLVD. 4266 HUNTINGTON FOREST BL JACKSONVILLE, FL 32257 JACKSONVILLE, FL 32257					LVD.					
2. Principal P	lace of Busin	10.55	3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.		02272004	Chg-P	CR2E03	4 (10/03)		
City & State			City & State			4. FEI Number	<b>08</b> 6			oplied For ot Applicable
Zip Country - S			Zip			<u> </u>	of Status Desired	L É	8.75 Add	
	6. Name	and Address of Current F	7. Name and Address of New Registered Agent							
HUTH, JOHN T 4266 HUNTINGTON FOREST BLVD. JACKSONVILLE, FL 32257					Street Address (P.O. Box Number is Not Acceptable)					
					City		· - · · · · · · · · · · · · · · · · · ·	FL	Zip Cod	e
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 the obligations of registered agent.										end accept
SIGNATURE										
	Signature, typed	or printed name of registered agent st	nd blie if applicable. (NO)	E: Pegistere	d Agent eignsture require	d when reinstating)		DATE		
FILE NOWIII FEE IS \$150.00  After May 1, 2004 Fee will be \$550.00  B. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.  Added to Fees										
10.		OFFICERS AND D		11.	. ,	ADDITIONS/	CHANGES TO OFFI	CERS AND [	DIRECTOR	S IN 11
TITLE					E			I	Change	Addition
NAME STREET ADDRESS	1 · · · · · · · · · · · · · · · · · · ·				EET ADDRESS					- 1
CITY-ST-ZIP JACKSONVILLE, FL 32257					-ST-28P					
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HAME CTOSET LODGE	IBARRA,			NAM	I					
STREET ADDRESS CITY-ST-ZIP		OSTONE DR. NVILLE, FL 32210			eet aodress '-st-zip					
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NAME				NAM	E			•		
STREET ADORESS CITY-ST-ZIP					EET AODRESS '-ST-ZIP					
TILE	<del></del>		Delete	TITL	E				Change -	- Addition
HAME				NAM	E			•	_ •	
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CITY-ST-2IP				CITY	-ST-ZIP					
12. I hereby	certify that th	e information supplied with	this filing does not qualify for	r the exe	mption stated in Se	ection 119.07(3)(i)	, Florida Statutes. I	further certif	y that the in	nformation or director
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 cath; 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.										
SIGNAT		~	Lus 3		T⊢		MARG	<b>54</b> !	509	ובבס-