2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 16, 2004 8:00 am
Secretary of State
06-04-2004 90005 043 ***150.00

DOCUMENT # P03000017398

1. Entity Name
R & S ENTERPRISES OF JAX, INC.

Principal Place of Business
330 BROOKVIEW DR N
JACKSONVILLE, FL 32225

Mailing Address
330 BROOKVIEW DR N
JACKSONVILLE, FL 32225

[redacted]

05052004 Chg-P CR2E034 (10/03)

2. Principal Place of Business: 6209 Barthalf Ave.
Suite, Apt. #, etc.
City & State: JACKSONVILLE Fla
Zip: 32210 Country: DUVAL

3. Mailing Address: 6209 Barthalf Ave.
Suite, Apt. #, etc.
City & State: JACKSONVILLE, Fl.
Zip: 32210 Country: DUVAL

4. FEI Number: 51-0444741 [X] Applied For [ ] Not Applicable

5. Certificate of Status Desired [ ] $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
SHANAHAN, HEATHER
330 BROOKVIEW DR N
JACKSONVILLE, FL 32225

7. Name and Address of New Registered Agent
Name: Heather Shanahan
Street Address (P.O. Box Number is Not Acceptable): 6209 Barthalf Ave.
~~Jacksonville Fl.~~
City: JACKSONVILLE FL Zip Code: 32210

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 accept the obligations of registered agent.

SIGNATURE: Heather Shanahan Heather Shanahan PRESIDENT 5-27-04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $550.00
Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution [ ] **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	SECRETARY [ ] Delete	TITLE	[ ] Change [ ] Addition
NAME	Phillip Roberts	NAME	
STREET ADDRESS	638 Colonial Court W.	STREET ADDRESS	
CITY-ST-ZIP	Jacksonville Fl. 32225	CITY-ST-ZIP	
TITLE	PRESIDENT [ ] Delete	TITLE	[ ] Change [ ] Addition
NAME	HEATHER SHANAHAN	NAME	
STREET ADDRESS	6209 Barthalf Ave.	STREET ADDRESS	
CITY-ST-ZIP	JAX, Fl. 32210	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-ZIP		CITY-ST-ZIP	
TITLE	[ ] Delete	TITLE	[ ] Change [ ] Addition
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CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	[ ] Delete	TITLE	[ ] Change [ ] Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: Heather Shanahan Heather Shanahan President 5-27-04 904-962-1721
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #