

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 04, 2004 8:00 am**  
**Secretary of State**

02-04-2004 90024 020 \*\*\*150.00

**DOCUMENT # P03000031157**

1. Entity Name

JJ CAB, INC.



Principal Place of Business

1866 SOUTH HILLSBOROUGH AVE.  
ARCADIA FL 34266

Mailing Address

1866 SOUTH HILLSBOROUGH AVE.  
ARCADIA FL 34266

02000401



MOORE

CR2E034 (11/03)

2. Principal Place of Business

1261 MLK ST

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 1335

Suite, Apt. #, etc.

City & State

Arcadia, FL

City & State

Nocatee, FL

4. FEI Number

51-04-55103

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LYONS, BEVERLY D  
1866 SOUTH HILLSBOROUGH AVE.  
ARCADIA FL 34266

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Beverly D. Lyons

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2004 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution.

☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D ☒ Delete  
NAME MANSFIELD, MADELO A  
STREET ADDRESS 1866 SOUTH HILLSBOROUGH AVE.  
CITY-ST-ZIP ARCADIA FL 34266

TITLE D ☒ Delete  
NAME MANSFIELD, JURIL O  
STREET ADDRESS 1866 SOUTH HILLSBOROUGH AVE.  
CITY-ST-ZIP ARCADIA FL 34266

TITLE D ☒ Delete  
NAME MANSFIELD, JURIL O JR.  
STREET ADDRESS 2863 SW GARNER AVE.  
CITY-ST-ZIP ARCADIA FL 34266

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
NAME Beverly D. Lyons  
STREET ADDRESS 1261 MLK ST  
CITY-ST-ZIP Arcadia, FL 34266

TITLE ☒ Change ☐ Addition  
NAME William E. Lyons  
STREET ADDRESS 1261 MLK ST  
CITY-ST-ZIP Arcadia, FL 34266

TITLE ☒ Change ☐ Addition  
NAME Carrie L. Lyons  
STREET ADDRESS 1261 MLK ST  
CITY-ST-ZIP Arcadia, FL 34266

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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:

Beverly D. Lyons

Beverly D. Lyons 1/29/04

Date

Daytime Phone #

863-993-3883