

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 29, 2004 8:00 am
Secretary of State

01-29-2004 90018 022 ***150.00

DOCUMENT # P03000037218
 1. Entity Name
S.J. & G SUPPLY, INC.



Principal Place of Business Mailing Address
720 HERITAGE WAY **720 HERITAGE WAY**
WESTON FL 33326 **WESTON FL 33326**

4400J47J



MOORE CR2E034 (11/03)

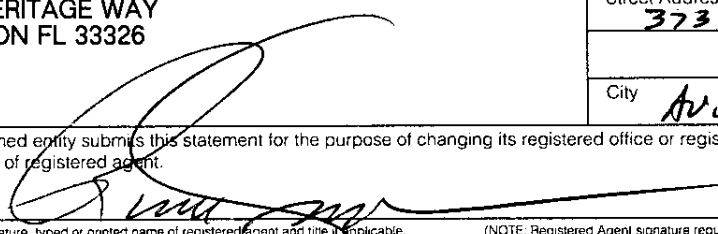
2. Principal Place of Business 3. Mailing Address
3733 N.E. 208th ST **3733 N.E. 208th ST**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
AVENTURA FL **AVENTURA FL**
 Zip Country Zip Country
33180 **DADE** **33180** **FL**

4. FEI Number Applied For
05-0564459 Not Applicable
 5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
MOORE, TERRI
720 HERITAGE WAY
WESTON FL 33326

7. Name and Address of New Registered Agent
 Name **RONALD FREEMAN**
 Street Address (P.O. Box Number is Not Acceptable)
3733 N.E. 208th ST
 City **AVENTURA, FL** **FL** Zip Code **33180**

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  DATE **1-26-04**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	RD	<input type="checkbox"/> Delete
NAME	RONALD FREEMAN	
STREET ADDRESS	3733 NE 208th ST	
CITY-ST-ZIP	AVENTURA, FL 33180	
TITLE	ST	<input type="checkbox"/> Delete
NAME	TERRI MOORE	
STREET ADDRESS	720 HERITAGE WAY	
CITY-ST-ZIP	WESTON, FL 33326	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:  Date _____ Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR