


**FILED**  
**Mar 29, 2004 8:00 am**  
**Secretary of State**

03-29-2004 90085 040 \*\*\*150.00

**2004 FOR PROFIT CORPORATION  
 ANNUAL REPORT**

<b>DOCUMENT # P03000051512</b> 1. Entity Name <b>J.T.'S ONE WAY INC.</b>	
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34000-

Principal Place of Business <b>6167 ISLAND FOREST DR.          ORANGE PARK, FL 32003 US</b>	Mailing Address <b>6167 ISLAND FOREST DR.          ORANGE PARK, FL 32003 US</b>
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2. Principal Place of Business	3. Mailing Address	03052004 Chg-P CR2E034 (10/03)
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number: <b>36-2368078</b>
City & State	City & State	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>

<b>6. Name and Address of Current Registered Agent</b>  <b>TURNER, JEAN R          6167 ISLAND FOREST DR.          ORANGE PARK, FL 32003</b>	<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b> Zip Code</span>
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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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P <input type="checkbox"/> Delete TURNER, JEAN R P	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	6167 ISLAND FOREST DR.	NAME	
STREET ADDRESS	ORASNGE PARK, FL 32003	STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
CITY - ST - ZIP		CITY - ST - ZIP	
CITY - ST - ZIP		CITY - ST - ZIP	
CITY - ST - ZIP		CITY - ST - ZIP	
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CITY - ST - ZIP		CITY - ST - ZIP	
CITY - ST - ZIP		CITY - ST - ZIP	
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: Joseph G Turner VP Date: 3-27-04 Daytime Phone #: 904-334-3584