





2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2004 8:00 am
Secretary of State

04-16-2004 90068 021 ***150.00

DOCUMENT # P03000053530 1. Entity Name SJS CONTRACTORS, INC.					
Principal Place of Business 300 S MADISON AVE STE 5 CLEARWATER, FL 33756				Mailing Address 300 S MADISON AVE STE 5 CLEARWATER, FL 33756	
2. Principal Place of Business 1115 PONCE DELEON BLVD. Suite, Apt. #, etc. A 3		3. Mailing Address P.O. Box 2216 Suite, Apt. #, etc.		14004080 	
City & State BELLEAIR, FL		City & State CLEARWATER, FL		4. FEI Number 59-3296326	
Zip 33756		Country US		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DRAGON, LEON T JR 300 S MADISON AVE STE 5 CLEARWATER, FL 33756				7. Name and Address of New Registered Agent Name SAME ADDRESS CHANGE ONLY Street Address (P.O. Box Number is Not Acceptable) 1115 PONCE DELEON BLVD. A 3 City BELLEAIR FL Zip Code 33756	
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  3/16/04 <small>Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD STORI, SAMUEL J 150 SAND KEY ESTATES DR CLEARWATER, FL 33767	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DRAGON, LEON T JR 3657 DORAL ST PALM HARBOR, FL 34685	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DRAGON, LEON T. JR. 3657 DORAL ST. PALM HARBOR, FL 34685	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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: SAMUEL J. STORI 				3/16/04 727-581-0024 <small>Date Daytime Phone #</small>	