2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04, 2004 8:00 am
Secretary of State
01-12-2004 90012 028 ***150.00

DOCUMENT # P03000080387

1. Entity Name
JS MAID GROUP, INC.

Principal Place of Business	Mailing Address
4155 WINDOVER WAY MELBOURNE, FL 32934	4155 WINDOVER WAY MELBOURNE, FL 32934

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	5905 Newbury Circle Suite, Apt. #, etc.
City & State	Melbourne FL City & State
Zip / Country	Zip 32940 / Country

01092004 Chg-P CR2E034 (10/03)

4. FEI Number 04-3772472 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CONWAY, LORI 4155 WINDOVER WAY MELBOURNE, FL 32934	Name: Conway Lori Street Address (P.O. Box Number is Not Acceptable): 5905 Newbury Circle City: Melbourne FL Zip Code: 32940

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: Lori Conway — 1/9/2004
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

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	D ☐ Delete	TITLE	D ☒ Change ☐ Addition
NAME	CONWAY, LORI	NAME	Conway Lori
STREET ADDRESS	4155 WINDOVER WAY	STREET ADDRESS	5905 Newbury Circle
CITY-ST-ZIP	MELBOURNE, FL 32934	CITY-ST-ZIP	Melbourne FL 32940
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	
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: Lori Conway - Lori Conway — 1/9/2004 — 321.223.0753
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #