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

01-12-2004 90012 028 ***150.00

2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

01092004 Chg-P CR2E034 (10/03)

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

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 NAME STREET ADDRESS CITY-ST-ZIP	D CONWAY, LORI 4155 WINDOVER WAY MELBOURNE, FL 32934	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Conway Lori 5905 Newbury Circle Melbourne FL 32940	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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: Lori Conway - Lori Conway 1/9/2004 321 223 0753
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #