

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P03000117199

1. Entity Name

J & T CLEANING SERVICES INC. OF NORTH FLORIDA



FILED

04 APR 27 AM 9:35

SECRETARY OF STATE
TALLAHASSEE FLORIDA



MOORE

CR2E034 (11/03)

Principal Place of Business

87 SLASHPINE ROAD
CRAWFORDVILLE FL 32327

Mailing Address

87 SLASHPINE ROAD
CRAWFORDVILLE FL 32327

2. Principal Place of Business

87 Slash Pine Road

Suite, Apt. #, etc.

3. Mailing Address

PO Box 1393

Suite, Apt. #, etc.

City & State

Crawfordville FL

City & State

Crawfordville FL

4. FEI Number

03-0533019

Applied For

Not Applicable

Zip
32327

Country
Wakulla

Zip
32327

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

JOHNSON, JERRY
87 SLASHPINE ROAD
CRAWFORDVILLE FL 32327

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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

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 VD ☐ Delete
NAME JOHNSON, JERRY
STREET ADDRESS 87 SLASHPINE ROAD
CITY-ST-ZIP CRAWFORDVILLE FL 32327

TITLE PD ☐ Delete
NAME JOHNSON, TERESA
STREET ADDRESS 87 SLASHPINE ROAD
CITY-ST-ZIP CRAWFORDVILLE FL 32327

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME 400035762424
STREET ADDRESS 05/07/04--01071--014 **158.75
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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: Jeresa Johnson Teresa Johnson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/04 510-4098

Date

Daytime Phone #