


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 08, 2004 8:00 am
Secretary of State

03-12-2004 90026 025 ***150.00

DOCUMENT # P03000120915					
1. Entity Name J & C POELKING, INC.					
Principal Place of Business 5160 US HWY 331 SOUTH DEFUNIAK SPRINGS FL 32435			Mailing Address 5160 US HWY 331 SOUTH DEFUNIAK SPRINGS FL 32435		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 20-0426634	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent POELKING, JEROME 5160 US HWY 331 SOUTH DEFUNIAK SPRINGS FL 32435				7. Name and Address of New Registered Agent	
Name				Name	
Street Address (P.O. Box Number is Not Acceptable)				Street Address (P.O. Box Number is Not Acceptable)	
City				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 _____ (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 <input type="checkbox"/> \$5.00 May Be Added to Fees					
10. OFFICERS AND DIRECTORS					
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
PRES.	Jerome C. Poelking, Inc.	5160 US Hwy. 331 South	DeFuniak Springs, FL 32435	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
SECRETARY/TREASURER	Christa U. Poelking	5160 US Hwy. 331 South	DeFuniak Springs, FL 32435	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
				Change <input type="checkbox"/> Addition <input type="checkbox"/>	
				Change <input type="checkbox"/> Addition <input type="checkbox"/>	
				Change <input type="checkbox"/> Addition <input type="checkbox"/>	
				Change <input type="checkbox"/> Addition <input type="checkbox"/>	
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: <u>Jerome C. Poelking</u> JEROME C. POELKING 8 MARCH 2004					
Date Daytime Phone #					

66410351



MOORE CR2E034 (11/03)