


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 17, 2004 8:00 am
Secretary of State

02-17-2004 90050 030 ***150.00

DOCUMENT # P03000127056 1. Entity Name S & J CONSTRUCTION, INC.			
Principal Place of Business 3165 AUBURN RD CRESTVIEW FL 32539		Mailing Address 3165 AUBURN RD CRESTVIEW FL 32539	
2. Principal Place of Business 603 N Ferdon Blvd Suite, Apt. #, etc.		3. Mailing Address 603 N. Ferdon Blvd Suite, Apt. #, etc.	
City & State Crestview FL Zip 32539 Country USA		City & State Crestview FL Zip 32539 Country USA	
4. FEI Number 20-0714771		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SHIREY, WILEY J SR 3165 AUBURN RD CRESTVIEW FL 32539		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 _____ <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 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P <input type="checkbox"/> Delete NAME SHIREY, WILEY J SR STREET ADDRESS 3165 AUBURN RD CITY-ST-ZIP CRESTVIEW FL 32539	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____		
TITLE V <input type="checkbox"/> Delete NAME BARBER, SEAN D STREET ADDRESS 3165 AUBURN RD CITY-ST-ZIP CRESTVIEW FL 32539	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____		
TITLE ST <input type="checkbox"/> Delete NAME SHIREY, VIRGINIA D STREET ADDRESS 3165 AUBURN RD CITY-ST-ZIP CRESTVIEW FL 32539	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____		
TITLE <input type="checkbox"/> Delete NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____		
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MOORE CR2E034 (11/03)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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: *Wm J Shirey*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #