

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2005 8:00 am
Secretary of State

03-03-2005 90173 040 ***150.00

DOCUMENT # P03000127862						
1. Entry Name J. STOCKTON INTERIORS INC.						
Principal Place of Business 528 FOX HOLLOW LANE ST AUGUSTINE, FL 32086			Mailing Address 528 FOX HOLLOW LANE ST AUGUSTINE, FL 32086			
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 20-0404739				Applied For Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required		
6- Name and Address of Current Registered Agent			7- Name and Address of New Registered Agent			
LEON, LISA M 5095 US 1 SOUTH ST AUGUSTINE, FL 32086			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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____						
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		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	D	<input type="checkbox"/> Delete	TITLE	DPT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	STOCKTON, JAMES		NAME			
STREET ADDRESS	528 FOX HOLLOW LANE		STREET ADDRESS			
CITY-ST-ZIP	ST AUGUSTINE, FL 32086		CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete	TITLE	VP D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			NAME	SHIRLEY STOCKTON		
STREET ADDRESS			STREET ADDRESS	528 FOX HOLLOW LANE		
CITY-ST-ZIP			CITY-ST-ZIP	ST AUGUSTINE FL 32086		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 another I am empowered.						
SIGNATURE: <i>James H. Stockton</i>			JAMES H. STOCKTON FEB. 28, 05 904-315-0030			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #			