FILED
Apr 29, 2004 8:00 am
Secretary of State
04-29-2004 90231 009 ***150.00

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000151835

J04071686

1. Entity Name
J. LOADHOLTZ ENTERPRIZES, INC.

Principal Place of Business	Mailing Address
18138 AKRON TRAIL HILLARD, FL 32046	18138 AKRON TRAIL HILLARD, FL 32046

04192004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
State, Apt. # etc.	State, Apt. # etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 20-0493567 ☐ 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
LOADHOLTZ, JAVAN D 18138 AKRON TRAIL HILLARD, FL 32046	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 _____ 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-State-Zip	PT LOADHOLTZ, JAVAN D 18138 AKRON TRAIL HILLARD, FL 32046 ☐ Delete	Title Name Street Address City-State-Zip	☐ Change ☐ Addition
Title Name Street Address City-State-Zip	VS LOADHOLTZ, LISA M 18138 AKRON TRAIL HILLARD, FL 32046 ☐ Delete	Title Name Street Address City-State-Zip	☐ Change ☐ Addition
Title Name Street Address City-State-Zip	☐ Delete	Title Name Street Address City-State-Zip	☐ Change ☐ Addition
Title Name Street Address City-State-Zip	☐ Delete	Title Name Street Address City-State-Zip	☐ Change ☐ Addition
Title Name Street Address City-State-Zip	☐ Delete	Title Name Street Address City-State-Zip	☐ Change ☐ Addition
Title Name Street Address City-State-Zip	☐ Delete	Title Name Street Address City-State-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 with changes, if any, indicated on an attachment with an address, with all other like empowered.

SIGNATURE: Javan D. Loadholtz Javan D. Loadholtz
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Title Date