2004 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

DOCUMENT # P04000001852

1. Entity Name

JAY DEE GENERAL SERVICES INC



FILED Apr 19, 2004 8:00 am Secretary of State 04-19-2004 90360 045 ***150.00

	ERNATIONAL SPEED WAY BLVD	Mailing Address 3003 W INTERNATIONAL SPEED WAY BLVD					
DAYTONA E	BEACH FL 32124	DAYTONA BEACH FL 32124					
2. Principal P	ace of Business	3. Mailing Address				. (\$1600) 1 1 1 1 1 1 1 1 1	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				MOORE CR2E034 (11/03)	
City & State	3	City & State			4. FEI Number 530 80 / Applied For Not Applicable		
Zip	Country Zip C		Coun	itry	5. Certificate of Status Desired		
	6. Name and Address of Curren	t Registered Agent			7. Name and Address of New Registered Agent		
				Name			
LOGUIDICE, JOE 1515 RIDGEWOOD AVENUE				Street Address (P.O. Box Number is Not Acceptable)			
HOLLY HILL FL 32117							
					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 3/1/04							
Signature, typed or printed name of registered agent and Alle Japplicante. (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 \$5.00 May Be Trust Fund Contribution. Added to Fees	
10.	OFFICERS AN	D DIRECTORS	11.		AD	DDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	Р	☐ Delete	ווזנ			☐ Change ☐ Addition	
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CITY-ST-ZIP ·				Y-ST-ZIP			
12. I hereby	certify that the information supplied w	rith this filing does not qualify f	or the exe	emption 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:

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR