


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 10, 2004 8:00 am
Secretary of State

02-10-2004 90031 031 ***150.00

DOCUMENT # P93000024691	
1. Entity Name T. J. OF NASSAU, INC.	

Principal Place of Business 304 SR 200/ A1A STE 3 FERNANDINA BEACH, FL 32034	Mailing Address PO BOX 653 FERNANDINA BEACH, FL 32034
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country



02042004 Chg-P CR2E034 (10/03)

4. FEI Number
59-3221041

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**LASSERRE, JON C
2820 #B FIRST AVENUE
FERNANDINA BEACH, FL 32034**

7. Name and Address of New Registered Agent

Name **JON C. LASSERRE**

Street Address (P.O. Box Number is Not Acceptable)
304 SR 200 / A1A

City **FERNANDINA BEACH FL** Zip Code **32034**

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  **JON C. LASSERRE** **2/4/04**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP LASSERREE, JON C 2820 #B FIRST AVENUE FERNANDINA BEACH, FL 32034 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP LASSERRE, CHARLES 130 SOUTH 7TH STREET FERNANDINA BEACH, FL 32034 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS LASSERRE, JULIE 1339 AVANT ROAD YULEE, FL 32097 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP JON C. LASSERRE 304 SR 200 / A1A FERNANDINA BEACH, FL 32034 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP CHARLES LASSERRE 304 SR 200 / A1A FERNANDINA BEACH, FL 32034 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS JULIE LASSERRE 304 SR 200 / A1A FERNANDINA BEACH, FL 32034 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE  **2/4/04**