

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 19, 2005 8:00 am
Secretary of State

01-19-2005 90004 021 ***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**

2. Principal Place of Business
3032 S. 8TH ST. /A1A

3. Mailing Address
 Suite, Apt. #, etc.

City & State
FERNANDINA BEACH, FL

City & State
 Suite, Apt. #, etc.

Zip
32034 Country
USA

Zip
32035 Country



01062005 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
 304 SR 200/A1A
 FERNANDINA BEACH, FL 32034**

7. Name and Address of New Registered Agent
 Name
LASSERRE, JON C.
 Street Address (P.O. Box Number is Not Acceptable)
3032 S. 8TH ST /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* DATE 1/6/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP LASSERREE, JON C 304 SR 200/A1A FERNANDINA BEACH, FL 32034 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP LASSERRE, CHARLES 304 SR 200/A1A FERNANDINA BEACH, FL 32034 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS LASSERRE, JULIE 204 SR 200/A1A FERNANDINA BEACH, FL 32034 <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 LASSERRE, JON C 3032 S. 8TH ST. /A1A FERNANDINA BEACH, FL 32034 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP LASSERRE, CHARLES W- 3032 S. 8TH ST. /A1A FERNANDINA BEACH, FL 32034 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS JULIE A. LASSERRE 3032 S. 8TH ST. /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: *Jon C Lasserre*

1/6/05