

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90429 006 ***150.00

DOCUMENT # P93000076507

1. Entity Name
JR & ST INC.



Principal Place of Business
17506 BRIGHTON AVE
A
PORT CHARLOTTE, FL 33953 US

Mailing Address
P O BOX 380731
MURDOCK, FL 33938 US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04292004

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number

65-0447741

Applied For

Not Applicable

Zip

Country

Zip

Country

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

GRAHAM, SUZANNE
17506 BRIGHTON AVE
PORT CHARLOTTE, FL 33953

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

Suzanne Graham

Old Entity Name or Current Name of Registered Agent (Not Applicable)

(NOTE: New State Agent Signature Required when registering)

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 D ☐ Delete
NAME GRAHAM, JAMES R
STREET ADDRESS 280 SHILO ST.
CITY-ST-ZIP PORT CHARLOTTE, FL 33980

TITLE ☒ Change ☐ Addition
NAME James R GRAHAM
STREET ADDRESS 27089 Solomon Drive
CITY-ST-ZIP Port Charlotte FL 33983

TITLE D ☐ Delete
NAME GRAHAM, SUZANNE T
STREET ADDRESS 280 SHILO ST.
CITY-ST-ZIP PORT CHARLOTTE, FL 33980

TITLE ☒ Change ☐ Addition
NAME Suzanne T Graham
STREET ADDRESS 27089 Solomon Drive
CITY-ST-ZIP Port Charlotte FL 33983

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 all other like empowered.

SIGNATURE:

Suzanne Graham
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/04
Date

941-6296669
Daytime Phone #