FILED
May 14, 2004 8:00 am
Secretary of State

04-22-2004 90076 048 ***150.00

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P94000046100

1. Entity Name
J & S IMPROVEMENTS, INC.

Principal Place of Business	Mailing Address
~~6874 CROCK AVE~~ [redacted] NORTH PORT, FL 34287 6472 ABDELLA LA north Port Fl 34287	~~6874 CROCK AVE~~ PO BOX 7877 NORTH PORT, FL 34287
2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

66421871

04192004 Chg-P CR2E034 (10/03)

4. FEI Number: 65-0524067 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

RIESZER, JOSEPH A [redacted]
~~6874 CROCK AVE~~ [redacted]
~~NORTH PORT, FL 34287~~
6472 ABDELLA LANE
north Port Fl 34287

7. Name and Address of New Registered Agent

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
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. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD RIESZER, JOSEPH A 6874 CROCK AVE NORTH PORT, FL 34287	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition PO BOX 7877 north Port Fl 34287
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD RIESZER, MELISSA A 6874 CROCK AVE NORTH PORT, FL 34287	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition PO BOX 7877 north Port Fl 34287
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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: Joseph A Rieszer — 4-20-04 — 941-423-287

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #