



# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 15, 2004 8:00 am**  
**Secretary of State**

03-15-2004 90006 030 \*\*\*150.00

<b>DOCUMENT # P94000069409</b> 1. Entity Name <b>J. JEVNE, INC.</b>					
Principal Place of Business <b>6325 BIG DADDY DR. PANAMA CITY BEACH, FL 32407</b>			Mailing Address <b>6325 BIG DADDY DR. PANAMA CITY BEACH, FL 32407</b>		
2. Principal Place of Business <b>7104 BIG DADDY DRIVE</b> Suite, Apt. #, etc. <b>LOT H-1</b>		3. Mailing Address <b>7104 BIG DADDY DRIVE</b> Suite, Apt. #, etc. <b>LOT H-1</b>			
City & State <b>PANAMA CITY BEACH, FL</b>		City & State <b>PANAMA CITY BEACH, FL</b>		4. FEI Number <b>59-3300829</b>	
Zip <b>32407</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>BURTON, DOROTHY J 6325 BIG DADDY DRIVE PANAMA CITY, FL 32407</b>				7. Name and Address of New Registered Agent Name <b>SAME NAME - NEW ADDRESS</b> Street Address (P.O. Box Number is Not Acceptable) <b>7104 BIG DADDY DRIVE H-1</b> City <b>PANAMA CITY BEACH</b> <b>FL</b> Zip Code <b>32407</b>	
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 <u><i>Dorothy J. Burton</i></u> (NOTE: Registered Agent signature required when reinstating) DATE <u>3-8-04</u>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P BURTON, DOROTHY J 6325 BIG DADDY DR. PANAMA CITY BEACH, FL 32407</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>7104 BIG DADDY DRIVE H-1 PANAMA CITY BEACH, FL 32407</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		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: <u><i>Dorothy J. Burton</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<u>3/8/04</u> <u>850-234-6668</u> <small>Date Daytime Phone #</small>		