


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 09, 2004 8:00 am**  
**Secretary of State**

02-09-2004 90024 049 \*\*\*150.00

<b>DOCUMENT # P94000073291</b>	
<b>1. Entity Name</b> J. G. A. SALES, INC.	

<b>Principal Place of Business</b> 2475 EAST BAY DRIVE SUITE A LARGO FL 33771 US	<b>Mailing Address</b> 2475 EAST BAY DRIVE SUITE A LARGO FL 33771 US
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<b>2. Principal Place of Business</b> 11155 SEMINOLE BLVD	<b>3. Mailing Address</b> 11155 SEMINOLE BLVD
Suite, Apt. #, etc.	Suite, Apt. #, etc.

<b>City &amp; State</b> SEMINOLE, FL	<b>City &amp; State</b> SEMINOLE, FL
<b>Zip</b> 33778	<b>Country</b>
<b>Zip</b> 33778	<b>Country</b>



MOORE CR2E034 (11/03)

<b>6. Name and Address of Current Registered Agent</b>	
ALNWICK, JOHN G 2475 EAST BAY DR SUITE A LARGO FL 33771	

<b>4. FEI Number</b> 59-3272479	<b>Applied For</b> <input type="checkbox"/> Not Applicable
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<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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<b>7. Name and Address of New Registered Agent</b>	
Name	
Street Address (P.O. Box Number is Not Acceptable) 11155 SEMINOLE BLVD	
City SEMINOLE	FL Zip Code 33778

**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

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
P ALNWICK, JOHN G 2475 EAST BAY DR STE A LARGO FL 33771	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
ST ALNWICK, NANCY V 2475 EAST BAY DR STE A LARGO FL 33771	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
11155 SEMINOLE BLVD SEMINOLE, FL 33778	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
11155 SEMINOLE BLVD SEMINOLE, FL 33778	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> 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:** John Alnwick **JOHN ALNWICK** 2/2/04 727-547-2515  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #