


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 05, 2004 8:00 am**  
**Secretary of State**

04-05-2004 90002 015 \*\*\*150.00

**DOCUMENT # P94000083411**

1. Entity Name  
**JAMES & KAY, INC.**



Principal Place of Business      Mailing Address

**869 E SEMORAN BLVD**      **702 BOYSENBERRY CT**  
**CASSELBERRY, FL 32707 US**      **WINTER SPRINGS, FL 32708 US**

2. Principal Place of Business      3. Mailing Address

**869 STATE RD 436**      Suite, Apt. #, etc.

City & State      City & State

**CASSELBERRY**      **WINTER SPRINGS**

Zip      Country      Zip      Country

**FL 32707**      **US**           **US**

04022004      Chg-P      CR2E034 (10/03)



4. FEI Number      Applied For

**59-3288797**      Not Applicable

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

**6. Name and Address of Current Registered Agent**

**BIRD, MICHAEL**  
**869 E SEMORAN BLVD**  
**CASSELBERRY, FL 32707**

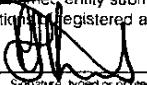
**7. Name and Address of New Registered Agent**

Name

Street Address (P.O. Box Number is Not Acceptable)  
**702 BOYSENBERRY CT**

City      State      Zip Code  
**WINTER SPRINGS**      **FL**      **32708**

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 obligation of, the registered agent.

SIGNATURE:  **MICHAEL BIRD**      **PRESIDENT**      **04/03/04**  
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**

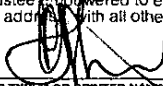
**10. OFFICERS AND DIRECTORS**

TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>BIRD, MICHAEL J</b>	
STREET ADDRESS	<b>702 BOYSENBERRY CT</b>	
CITY-ST-ZIP	<b>WINTER SPRINGS, FL 32708</b>	
TITLE	<b>ST</b>	<input type="checkbox"/> Delete
NAME	<b>BIRD, HILARY K</b>	
STREET ADDRESS	<b>702 BOYSENBERRY CT</b>	
CITY-ST-ZIP	<b>WINTER SPRINGS, FL 32708</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:  **MICHAEL BIRD**      **04/03/04**      **(407) 331-7147**  
Signature and typed or printed name of signing officer or director      Date      Daytime Phone #