

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 16, 2004 08:00 AM
Secretary of State

DOCUMENT # P95000001454

1. Entity Name
JACK OF MANY TRADES, INC.



Principal Place of Business
**5 HIGH POINT CIRCLE W. #103
NAPLES, FL 34103-4254**

Mailing Address
**5 HIGH POINT CIRCLE W. #103
NAPLES, FL 34103-4254**



03052004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0549943

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**MC GEE, ELEANOR C
5 HIGHPOINT CIR W #103
NAPLES, FL 34103**

**DO NOT WRITE
IN THIS SPACE**

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**

04/16/04-80045-006 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	MC GEE, ELEANOR C
STREET ADDRESS	5 HIGHPOINT CIR W #103
CITY - ST - ZIP	NAPLES, FL 34103
TITLE	T
NAME	MC GEE, BARRY J
STREET ADDRESS	807 RIVERPOINT DRIVE #201D
CITY - ST - ZIP	NAPLES, FL 34102
TITLE	S
NAME	JELLISON, LORA J
STREET ADDRESS	1331 JERONIMO DRIVE UNIT W
CITY - ST - ZIP	NAPLES, FL 34103
TITLE	VP
NAME	MUFFLEY, LYNN C
STREET ADDRESS	PO BOX 169
CITY - ST - ZIP	ROCKPORT, TX 783810169
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: E.leanor C. McGee, Pres Eleanor C. McGee

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

3-27-04