

# 2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P95000001454

1. Entity Name  
JACK OF MANY TRADES, INC.



FILED

04 JUL 22 PM 4:48

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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



2. Principal Place of Business

3. Mailing Address

07082004 Chg-P CR2E034 (10/03)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

7. Name and Address of New Registered Agent

Name KEITH J. MCGEE

Street Address (P.O. Box Number is Not Acceptable)

13253 BRISTOL PARKWAY

City FT. MYERS

FL

Zip Code 33913

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 re-registering)

DATE

KEITH J. MCGEE

8 JUL 04

Amended AR is \$61.25

9. Election Campaign Financing  
Trust Fund Contribution.

☐

\$5.00 May Be  
Added to Fees

400039568084  
07/27/04--01052--010 \*\*70.00

10. OFFICERS AND DIRECTORS

TITLE P  
NAME MC GEE, ELEANOR C ☒ Delete  
STREET ADDRESS 5 HIGHPOINT CIR W #103  
CITY-ST-ZIP NAPLES, FL 34103

TITLE T  
NAME MC GEE, BARRY J ☒ Delete  
STREET ADDRESS 807 RIVERPOINT DRIVE #201D  
CITY-ST-ZIP NAPLES, FL 34102

TITLE S  
NAME JELLISON, LORA J ☐ Delete  
STREET ADDRESS 1331 JERONIMO DRIVE UNIT W  
CITY-ST-ZIP NAPLES, FL 34103

TITLE VP  
NAME MUFFLEY, LYNN C ☐ Delete  
STREET ADDRESS PO BOX 169  
CITY-ST-ZIP ROCKPORT, TX 783810169

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☐ Change ☒ Addition  
NAME BRUCE A. MCGEE  
STREET ADDRESS PO BOX 120  
CITY-ST-ZIP LA GRANGE GA 30241

TITLE T ☐ Change ☒ Addition  
NAME KEITH J. MCGEE  
STREET ADDRESS 13253 BRISTOL PARKWAY  
CITY-ST-ZIP FT MYERS FL 33913

TITLE S ☒ Change ☒ Addition  
NAME LORA J. JELLISON  
STREET ADDRESS 4912 BYWOOD ST  
CITY-ST-ZIP LEHIGH ACRES FL 33971

TITLE VP ☒ Change ☐ Addition  
NAME LYNN M MUFFLEY  
STREET ADDRESS PO BOX 110842  
CITY-ST-ZIP NAPLES FL 34108-0115

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

KEITH J. MCGEE / TREASURER 8 JUL 04 (239) 823-9184

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #