Sent By: ACCOUNTING OFFICES; 1 954 964 5309;

FILED
May 03, 2004 8:00 am
Secretary of State
05-03-2004 90693 045 ***150.00

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P95000016970

1. Entity Name
J AND K TRAVEL, INC.

Principal Place of Business
217 COMMERCIAL BLVD
LAUDERDALE BY THE SEA, FL 33308

Mailing Address
217 COMMERCIAL BLVD
LAUDERDALE BY THE SEA, FL 33308

04302004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
3035 NE 5 AVE	3035 NE 5 AVE
Suite, Apt #, etc.	Suite, Apt #, etc.
City & State: WILTON MANORS FL	City & State: WILTON MANORS, FL
Zip: 33334 Country: USA	Zip: 33334 Country: USA

4. FEI Number 65-0554803 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

NORCROSS, JULIE
3035 NE 5 AVE.
FORT LAUDERDALE, FL

7. Name and Address of New Registered Agent

Name

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

City FL Zip Code

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

10. OFFICERS AND DIRECTORS

TITLE	PD	☐ Delete
NAME	NORCROSS, JULIE	
STREET ADDRESS	3035 NE 5TH AVE	
CITY-ST-ZIP	FT LAUDERDALE, FL 33334	
TITLE	SD	☐ Delete
NAME	NORCROSS, JENNIFER A	
STREET ADDRESS	3035 NE 5TH AVE	
CITY-ST-ZIP	FT LAUDERDALE, FL 33334	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
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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: Julie Norcross JULIE NORCROSS PRES. 4/30/04 954 771-2030
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #