

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P95000049979

1. Entity Name
J & H ANTIQUES, INC.



FILED
May 21, 2004 08:00 AM
Secretary of State

Principal Place of Business
12738 TOPSFIELD DR
ORLANDO, FL 32837

Mailing Address
12738 TOPSFIELD DR
ORLANDO, FL 32837



03132003 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3335933

Applied For	Not Applicable
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5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

MASSEY, GARY E
112 W CITRUS ST
ALTAMONTE SPRINGS, FL 32714-2577

**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
Due by September 8, 2004

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	FARINHA, M.H.
STREET ADDRESS	12738 TOPSFIELD DR
CITY- ST- ZIP	ORLANDO, FL 32837
TITLE	ST
NAME	FARINHA, J.M.
STREET ADDRESS	12738 TOPSFIELD DR
CITY- ST- ZIP	ORLANDO, FL 32837
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

U00000161230
05/21/04-80005-020 150.00

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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: Maria H. Farinha **MARIA H. FARINHA** 5/18/04 407-383-9930
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #