


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2005 08:00 A
Secretary of State


DOCUMENT # P95000049979
 1. Entity Name
J & H ANTIQUES, INC.



Principal Place of Business
**12738 TOPSFIELD DR
 ORLANDO, FL 32837**

Mailing Address
**12738 TOPSFIELD DR
 ORLANDO, FL 32837**

DO NOT WRITE IN THIS SPACE



03112005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3335933 Applied For / Not Applicable

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 _____ DATE _____
Signature: typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P FARINHA, M.H. 12738 TOPSFIELD DR ORLANDO, FL 32837
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST FARINHA, J.M. 12738 TOPSFIELD DR ORLANDO, FL 32837
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04/25/05-80148-024 150.00

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: *M. H. Farinha* **4/7/05** **407-383-9930**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #