

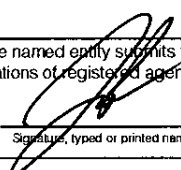
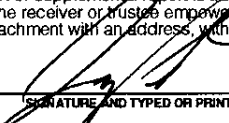


2004 FOR PROFIT CORPORATION ANNUAL REPORT

| | | | | | | | |
|---|--|--|--|--|--|--|--|
| DOCUMENT # P95000094114 1. Entity Name J-II INVESTMENTS, INC. | | | |  | | FILED 04 APR 28 AM 11:31 SECRETARY OF STATE TALLAHASSEE, FLORIDA  | |
| Principal Place of Business 9105 OLS ST.AUGUSTINE RD TALLAHASSEE, FL 32311 US | | | | Mailing Address 9105 OLS ST.AUGUSTINE RD TALLAHASSEE, FL 32311 US | | | |
| 2. Principal Place of Business Petrandis | | 3. Mailing Address Petrandis | | Suite, Apt. #, etc. 4178 Apalachee Pkwy | | City, Apt. #, etc. 4178 Apalachee Pkwy | |
| City & State Tallahassee, FL 32311 | | City & State Tallahassee, FL 32311 | | 4. FEI Number 59-3351502 | | Applied For <input type="checkbox"/> Not Applicable | |
| Zip 32311 | | Country US | | Zip 32311 | | Country US | |
| 6. Name and Address of Current Registered Agent PETRANDIS, JOHNNY II 9105 OLD ST.AUGUSTINE RD TALLAHASSEE, FL 32311 | | | | 7. Name and Address of New Registered Agent Name Johnny Petrandis, II Street Address (P.O. Box Number, if not applicable) 4178 Apalachee Pkwy. Tallahassee, FL 32311 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  | | | | DATE 4/23/14 | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 | | | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | | |
| 10. OFFICERS AND DIRECTORS | | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | | |
| TITLE PVPD <input type="checkbox"/> Delete NAME PETRANDIS, JOHNNY II STREET ADDRESS 9105 OLS ST.AUGUSTINE RD. CITY-ST-ZIP TALLAHASSEE, FL 32311 | | | | TITLE PVP <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME P, J, S STREET ADDRESS 4178 Apalachee Pkwy. CITY-ST-ZIP Tallahassee, FL 32311 | | | |
| TITLE ST <input checked="" type="checkbox"/> Delete NAME PETRANDIS, JOHNNY II STREET ADDRESS 9105 OLS ST.AUGUSTINE RD. CITY-ST-ZIP TALLAHASSEE, FL 32311 | | | | TITLE 500035550395 <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME 05/06/04-01008-001 STREET ADDRESS **1350.00 CITY-ST-ZIP | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | |
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| 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:  | | | | DATE 4/23/14 | | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | | Daytime Phone # | | | |