

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 12, 2004 8:00 am
Secretary of State

03-12-2004 90006 029 ***150.00



DOCUMENT # P96000052814

1. Entity Name

JOAN HEARNS TOURS, INC.

Principal Place of Business

6680 N.W. 40TH STREET
 VIRGINIA GARDENS FL 33166

Mailing Address

6680 N.W. 40TH STREET
 VIRGINIA GARDENS FL 33166

2. Principal Place of Business

1900 S. OCEAN BLVD 5T
 Suite, Apt. #, etc.

3. Mailing Address

1900 S. OCEAN BLVD 5T
 Suite, Apt. #, etc.

City & State

LAUDERDALE BY THE SEA
 FLORIDA

City & State

LAUDERDALE BY THE SEA
 FLORIDA

Zip

33062

Country

BROWARD

Zip

33062

Country

BROWARD

4. FEI Number

65-0702289

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HEARNS, JOAN R
 6680 N.W. 40TH STREET
 VIRGINIA GARDENS FL 33166
 1900 S OCEAN BLVD 5T
 LAUDERDALE BY THE SEA, FL 33062

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
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DPS	<input type="checkbox"/> Delete
NAME	HEARNS, JOAN R	
STREET ADDRESS	6680 N.W. 40TH STREET	
CITY-ST-ZIP	VIRGINIA GARDENS FL 33166	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Joan Hearns

Date

Daytime Phone #

3/7/04 954-946-0882

Attachment

Doc # 9.6000052814

54017272

Please note new
address

Jan Hansen Torres

1900 S. Ocean Blvd
5T

Lauderdale By the Sea,

FL 33062

Thanks