

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 10, 2004 08:00 AM
Secretary of State

DOCUMENT # P96000087968

1. Entity Name
J K RUTHERFORD, INC.



Principal Place of Business 13059 MOCCASIN CRK CIR SANDERSON, FL 32087	Mailing Address 13059 MOCCASIN CRK CIR SANDERSON, FL 32087
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DO NOT WRITE IN THIS SPACE



08092004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3410330	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**RUTHERFORD, JUDITH
 RT. 1 BOX 708
 SANDERSON, FL 32087**

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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 _____ (NOTE: Registered Agent's signature required when reinstating) _____ DATE _____

FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$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.
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY- ST- ZIP	DP RUTHERFORD, JUDITH RT. 1 BOX 708 SANDERSON, FL 32087
TITLE NAME STREET ADDRESS CITY- ST- ZIP	

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 08/10/04-80001-002 150.00

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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)(f), 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: Judith K. Rutherford Judith K. Rutherford 8/9/04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #