2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 13, 2004 8:00 am
Secretary of State
04-23-2004 90199 046 ***150.00

DOCUMENT # P96000094003

1. Entity Name
THE FOUR J GROUP, INC.

Principal Place of Business	Mailing Address
P.O. BOX 4216 ST. AUGUSTINE, FL 32085	P.O. BOX 4216 ST. AUGUSTINE, FL 32085

DO NOT WRITE IN THIS SPACE

03312004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3409973
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

HAGAN, TIM
5050 R. SCAFF ROAD
SAINT AUGUSTINE, FL 32092

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 reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	SACKS, LAWRENCE
STREET ADDRESS	3300 PACETTI RD. LOT J
CITY-ST-ZIP	ST. AUGUSTINE, FL 32092
TITLE	P
NAME	HAGAN, TIM
STREET ADDRESS	5050 R SCAFF RD
CITY-ST-ZIP	ST. AUGUSTINE, FL 32092
TITLE	S
NAME	SACKS, LAWRENCE
STREET ADDRESS	3300 PACETTI RD. LOT J
CITY-ST-ZIP	SAINT AUGUSTINE, FL 32092
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE 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: (Sec.) Lawrence J. Sacks 4-20-2004 904 334 3602
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Attachment

2004 FOR PROFIT CORPORATION ANNUAL REPORT

4/23/2004-90199-046-$150.00-$150.00

DOCUMENT # P96000094003

1. Entity Name
THE FOUR J GROUP, INC.

Attachment

W04D1475

[redacted]

03312004 Chg-P CR2E034 (10/03)

Principal Place of Business	Mailing Address
P.O. BOX 4216 ST. AUGUSTINE, FL 32085	P.O. BOX 4216 ST. AUGUSTINE, FL 32085

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-3409973 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HAGAN, TIM 5050 R. SCAFF ROAD SAINT AUGUSTINE, FL 32092	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SACKS, LAWRENCE 3300 PACETTI RD. LOT J ST. AUGUSTINE, FL 32092	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Sacks, lawrence P.O. 4216 St. Augustine, FL 32085	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P HAGAN, TIM 5050 R SCAFF RD ST. AUGUSTINE, FL 32092	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S SACKS, LAWRENCE 3300 PACETTI RD. LOT J SAINT AUGUSTINE, FL 32092	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Sacks, lawrence PO 4216 St. Augustine, FL 32085	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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SIGNATURE: Larry Sacks 4-20-2004 904-819-1620
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

lawrence Sacks