

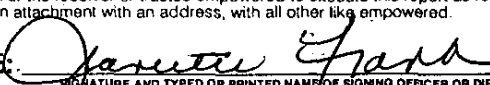


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2004 8:00 am
Secretary of State

02-02-2004 90021 050 ***150.00

DOCUMENT # P97000030890 1. Entity Name J.B.J. PROPERTIES, INC.					
Principal Place of Business 9735 US 19 PORT RICHEY, FL 34668 US			Mailing Address 9735 US 19 PORT RICHEY, FL 34668 US		
2. Principal Place of Business 9716 Shamokin Ln Suite, Apt. #, etc.		3. Mailing Address 9716 Shamokin Ln Suite, Apt. #, etc.			
City & State Port Richey FL Zip 34668		City & State Port Richey FL Zip 34668		4. FEI Number 59-3436985	
Country PASCO		Country PASCO		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FRANK, JOHN 10010 U.S. HIGHWAY 19 PORT RICHEY, FL 34668				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
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 NAME STREET ADDRESS CITY-ST-ZIP	PD FRANK, JOHN 10010 U.S. HIGHWAY 19 PORT RICHEY, FL 34668 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	John Frank <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 9716 Shamokin Ln Port Richey FL 34668	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MILIC, BORIS <input checked="" type="checkbox"/> Delete 10010 U.S. HIGHWAY 19 PORT RICHEY, FL 34668		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ZINNO, JEANETTE <input type="checkbox"/> Delete 10010 U.S. HIGHWAY 19 PORT RICHEY, FL 34668		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Jeanette Frank <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 9716 Shamokin Ln Port Richey FL 34668	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: 			1-27-04 727-841-8864		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		