

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 05, 2004 8:00 am
Secretary of State

04-05-2004 90079 022 ***150.00

DOCUMENT # P98000004654 ✓

1. Entity Name

JSS OF ORLANDO, INC. ✓



Principal Place of Business

600 E. COLONIAL DRIVE ✓
SUITE 100
ORLANDO FL 32803

Mailing Address

600 E. COLONIAL DRIVE ✓
SUITE 100
ORLANDO FL 32803

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

59-3490776 ✓

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CORPORATION COMPANY OF MIAMI
201 S. BISCAYNE BOULEVARD ✓
1600 MIAMI CENTETR
MIAMI FL 33131

7. Name and Address of New Registered Agent

Name

Schrimsher, J. Steven

Street Address (P.O. Box Number is Not Acceptable)

600 E. Colonial Drive

Suite 100

City

Orlando

FL

Zip Code
32803

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

J. Steven Schrimsher

J. Steven Schrimsher

3/31/04

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 D ☐ Delete
NAME SCHRIMSHER, J S ✓
STREET ADDRESS 600 E COLONIAL DR STE 100
CITY-ST-ZIP ORLANDO FL 32803

TITLE D ☐ Delete
NAME SCHRIMSHER, FRANK L ✓
STREET ADDRESS 600 E COLONIAL DR STE 100
CITY-ST-ZIP ORLANDO FL 32803

TITLE D ☐ Delete
NAME SCHRIMSHER, MICHAEL ✓
STREET ADDRESS 600 E COLONIAL DR STE 100
CITY-ST-ZIP ORLANDO FL 32803

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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:

J. Steven Schrimsher

J. Steven Schrimsher

4-10-04

409-423-7600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #