


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90220 036 ***150.00

DOCUMENT # P98000026114	
1. Entity Name JEC CONSULTING & TRADING COMPANY	

Principal Place of Business 2638 GOLFRIDGE LANE APOPKA, FL 32712	Mailing Address 2638 GOLFRIDGE LANE APOPKA, FL 32712
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94073965



2. Principal Place of Business 8800 Arlington Expressway	3. Mailing Address 8800 Arlington Expressway
Suite, Apt. #, etc. Suite H	Suite, Apt. #, etc. Suite H

04292004 Chg-P CR2E034 (10/03)

City & State Jacksonville, FL	City & State Jacksonville, FL
Zip 32211	Country USA

4. FEI Number 59-3509236	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent CAVANAUGH, JAMES JR 2638 GOLFRIDGE LANE APOPKA, FL 32712	
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7. Name and Address of New Registered Agent	
Name James Eric Cavanaugh	
Street Address (P.O. Box Number is Not Acceptable) 8800 Arlington Expressway	
Suite H	
City Jacksonville	FL Zip Code 32211

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:  **James Eric Cavanaugh / President** 4/29/04
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	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CAVANAUGH, JAMES JR 2638 GOLFRIDGE LANE APOPKA, FL 32712 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P James Eric Cavanaugh 8800 Arlington Expressway, Suite H Jacksonville, FL 32211 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP William Cavanaugh 8800 Arlington Expressway, Suite H Jacksonville, FL 32211 <input type="checkbox"/> Change <input checked="" 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
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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:  **James Eric Cavanaugh** 4/29/04 904.721.7030
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #