# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P98000054639

1. Entity Name
S & A CONSTRUCTION OF JAX INC.

| Principal Place of Business | — | Mailing Address |
|---|---|---|
| 4345 GATE LANE<br>JACKSONVILLE, FL 32226 | | 3711 TROUT RIVER BLVD<br>JACKSONVILLE, FL 32208 |

## DO NOT WRITE IN THIS SPACE

04262004    No Chg-P    CR2E034 (10/03)

| 4. FEI Number | Applied For |
|---|---|
| 59-3530497 | Not Applicable |

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

6. Name and Address of Current Registered Agent

SHIRLEY, JOE
4345 GATE LANE
JACKSONVILLE, FL 32226

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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 _Joe Shirley_ — _Joe Shirley_    4-26-04

Signature, typed or printed name of registered agent and title if applicable.    (NOTE: Registered Agent signature required when changing)    DATE

**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 | PD |
|---|---|
| NAME | SHIRLEY, JOE |
| STREET ADDRESS | 4345 GATE LANE |
| CITY-ST-ZIP | JACKSONVILLE, FL 32226 |

| TITLE | ST |
|---|---|
| NAME | SHIRLEY, GLORIA |
| STREET ADDRESS | 4345 GATE LANE |
| CITY-ST-ZIP | JACKSONVILLE, FL 32226 |

| TITLE | |
|---|---|
| NAME | |
| STREET ADDRESS | |
| CITY-ST ZIP | |

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| NAME | |
| STREET ADDRESS | |
| CITY-ST ZIP | |

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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)(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: _Joe Shirley_ — _Joe Shirley_ 4-26-04    904-757-4288

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