2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2004
Secretary of State

DOCUMENT# P98000098345

Entity Name: J. BAR J., INC.

Current Principal Place of Business:

1641 N. TAMIAMI TRAIL
NORTH FORT MYERS, FL 33903 US

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 3683
NORTH FORT MYERS, FL 33918 US

New Mailing Address:

1641 N. TAMIAMI TRAIL
NORTH FORT MYERS, FL 33903 US

FEI Number: 65-0880238 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

JOHNSON, LARRY A
1641 N. TAMIAMI TRAIL
NORTH FORT MYERS, FL 33903 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: JOHNSON, LARRY A
Address: 1641 N. TAMIAMI TRAIL
City-St-Zip: NORTH FORT MYERS, FL 33903 US

Title: TD ( ) Delete
Name: JOHNSON, ALICE D
Address: 1641 N. TAMIAMI TRAIL
City-St-Zip: NORTH FORT MYERS, FL 33903 US

Title: V ( ) Delete
Name: JOHNSON, KEITH W
Address: 1641 N. TAMIAMI TRAIL
City-St-Zip: NORTH FORT MYERS, FL 33903 US

Title: V ( ) Delete
Name: JOHNSON, BRETT A
Address: 1641 N. TAMIAMI TRAIL
City-St-Zip: NORTH FORT MYERS, FL 33903 US

Title: S ( ) Delete
Name: LIPPINCOTT, TRINA L
Address: 1641 N. TAMIAMI TRAIL
City-St-Zip: NORTH FORT MYERS, FL 33903 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TRINA LIPPINCOTT S 02/16/2004
Electronic Signature of Signing Officer or Director Date