

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 14, 2005 8:00 am**  
**Secretary of State**

02-14-2005 90071 004 \*\*\*158.75

**DOCUMENT # P99000030678**

1. Entity Name  
**J-4 INSURANCE SERVICES INC.**



Principal Place of Business  
**3108 ST. JOHNS AVE.  
PALATKA, FL 32177**

Mailing Address  
**3108 ST. JOHNS AVE.  
PALATKA, FL 32177**

**50015047**



2. Principal Place of Business

**1210 So. Blanding Blvd**  
Suite, Apt. #, etc.

3. Mailing Address

**1210 So Blanding Blvd**  
Suite, Apt. #, etc.

02112005

Chg-P

CR2E034 (10/03)

City & State

**Orange Park Florida**

Zip  
**32065**

Country  
**USA**

City & State

**Orange Park Florida**

Zip  
**32065**

Country  
**USA**

4. FEI Number

**59-3569039**

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**HUMPHREY, JANICE  
109 SHORESIDE LANE  
INTERLACHEN, FL 32148**

7. Name and Address of New Registered Agent

Name  
**Humphrey, Janice**  
Street Address (P.O. Box Number is Not Acceptable)

**1777 Redwood Ln**

City  
**Middleburg**

**FL**

Zip Code

**32068**

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

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, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution.

☐ **\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
HUMPHREY, JANICE  
109 SHORE SIDE LANE  
INTERLACHEN, FL 32148** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
HUMPHREY, JIMMY L  
109 SHORESIDE LANE  
INTERLACHEN, FL 32148** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**Humphrey, Janice  
1777 Redwood Ln  
Middleburg FL 32068** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**Humphrey, Jimmy  
1777 Redwood Ln  
Middleburg FL 32068** ☒ Change ☐ Addition

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

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

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

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2-11-05**

**904-298-1080**

Date

Daytime Phone #

**Address changes only - Home and Business**