


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 28, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P99000037475**

1. Entity Name  
JHA PRIME HOLDINGS, INC.



Principal Place of Business 475 WEST TOWN PLACE STE. 112 SAINT AUGUSTINE, FL 32092	Mailing Address 2 PINE LAKES PKWY N #4 PALM COAST, FL 32137
---	--



04092004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-3572296	Applied For Not Applicable
-----------------------------	-------------------------------

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

6. Name and Address of Current Registered Agent

SYPNIEWSKI, FRANK A JR  
2 PINES LAKES PKWY NORTH  
SUITE 4  
PALM COAST, FL 32137

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ (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.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD SPIRES, CHRISS 475 WEST TOWN PL STE 112 SAINT AUGUSTINE, FL 32092
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD SYPNIEWSKI, FRANK JR 2 PINES LAKES PKWY NORTH SUITE 4 PALM COAST, FL 32137
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GOLAN, FRED I 2 PINES LAKES PKWY NORTH SUITE 4 PALM COAST, FL 32137
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

U00000137298  
04/29/04-80034-011 150.00

**DO NOT WRITE  
IN THIS SPACE**

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 the empowered.

SIGNATURE:  4/9/04 386-445-0802  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #