

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # P99000051871
 1. Entity Name
 STUFF N SUCH BY JOE, INC.



Principal Place of Business: 12850 E HIGHWAY 316, FORT MCCOY, FL 32134
 Mailing Address: 12850 E HIGHWAY 316, FORT MCCOY, FL 32134

DO NOT WRITE IN THIS SPACE



01292004 No Chg-P CR2E034 (10/03)

4. FEI Number: 59-3602560
 Applied For: Not Applicable

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

6. Name and Address of Current Registered Agent
 HARRISON, JOSEPH M
 12850 E HIGHWAY 316
 FORT MCCOY, FL 32134

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

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

1100000150952
 05/04/04-80028-001 150.00

10. OFFICERS AND DIRECTORS

TITLE	PVST
NAME	HARRISON, JOSEPH M
STREET ADDRESS	12850 E HIGHWAY 316
CITY-ST-ZIP	FORT MCCOY, FL 32134
TITLE	D
NAME	HARRISON, JOSEPH M
STREET ADDRESS	12850 E HIGHWAY 316
CITY-ST-ZIP	FORT MCCOY, FL 32134
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
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: Joseph M. Harrison Date: 5-1-04 Daytime Phone #: 2361435