2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## Feb 17, 2004 8:00 am DOCUMENT # P99000067587 Secretary of State 1. Entity Name 02-17-2004 90026 011 \*\*\*150.00 J.A.LUBY, INC. Principal Place of Business Mailing Address 105 CHARLOTTE AVE 105 CHARLOTTE AVE NEW SMYRNA BEACH FL 32168 94016790 NEW SMYRNA BEACH FL 32168 2. Principal Place of Business 3. Mailing Address 428 428 WISTERIA WISTERIA RD. Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/03) City & State City & State Applied For 4. FEI Number 65-0939723 Day tona Daytona Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired USA USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent LUBY, JEFFREY A Street Address (P.O. Box Number is Not Acceptable) 105 CHARLOTTE AVE NEW SMYRNA BEACH FL 32168 WISTERIA 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. - Jeffrey A. Luby, President FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLEP/T/S Jeffrey A. Luby 428 Wisteria Rd. Change Addition TITLE ☐ Delete LUBY, JEFFREY A NAME NAME Address STREET ADDRESS 105 CHARLOTTE AVE STREET ADDRESS CITY-ST-ZIP NEW SMYRNA BEACH FL 32168 CITY-ST-7P TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Delete Change Addition NAME NAME -STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Channe ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.

Men A- Luby - Jeffrey A. Luby - President 2/8/04
Date Dayline Phone #

FILED