

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000110529

FILED
Apr 19, 2004
Secretary of State

Entity Name: JGS DESIGN PLANNING & DEVELOPMENT INC.

Current Principal Place of Business:

2501 SW CHOCTAW STREET
PORT ST. LUCIE, FL 34953

New Principal Place of Business:

10520 SW FIDDLERS WAY
PALM CITY, FL 34990

Current Mailing Address:

2501 SW CHOCTAW STREET
PORT ST. LUCIE, FL 34953

New Mailing Address:

10520 SW FIDDLERS WAY
PALM CITY, FL 34990

FEI Number: 65-0956577

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHINN, JOSEPH G.
2501 SW CHOCTAW STREET
PORT ST. LUCIE, FL 34953 US

Name and Address of New Registered Agent:

SHINN, JOSEPH G.
10520 SW FIDDLERS WAY
PALM CITY, FL 34990 US

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: JOSEPH G. SHINN

04/19/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SHINN, JOSEPH G
Address: 2501 SW CHOCTAW STREET
City-St-Zip: PORT ST. LUCIE, FL 34953

Title: VP () Delete
Name: SHINN, KATHY G
Address: 2501 SW CHOCTAW STREET
City-St-Zip: PORT ST. LUCIE, FL 34953

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: SHINN, JOSEPH G
Address: 10520 SW. FIDDLERS WAY
City-St-Zip: PALM CITY, FL 34990

Title: VP (X) Change () Addition
Name: SHINN, KATHY G
Address: 10520 SW FIDDLERS WAY
City-St-Zip: PALM CITY, FL 34990

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: JOSEPH G. SHINN

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04/19/2004

Electronic Signature of Signing Officer or Director

Date