

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 13, 2004 8:00 am
Secretary of State

01-13-2004 90012 012 ***150.00

DOCUMENT # S36940

1. Entity Name
JUST FANS, INC.



Principal Place of Business

**5900 S TAMiami TRAIL
UNIT NUMBERS N & O
SARASOTA, FL 34231**

Mailing Address

**5900 S TAMiami TRAIL
UNIT NUMBERS N & O
SARASOTA, FL 34231**

DO NOT WRITE IN THIS SPACE



01062004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3055363

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**BATTISHILL, TIMOTHY M.
5900 S TAMiami TRAIL
UNIT NUMBERS, N & O
SARASOTA, FL 34231**

**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

(Signature)
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/7/04

**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 P
NAME BATTISHILL, TIMOTHY M.
STREET ADDRESS 2317 ARLINGTON STREET 2305 HAWTHORNE ST.
CITY-ST-ZIP SARASOTA, FL 34239

TITLE V
NAME BATTISHILL, MICHAEL P.
STREET ADDRESS 769 CAPISTRANO DR
CITY-ST-ZIP NOKOMIS, FL 34275

TITLE S
NAME BATTISHILL, ALANA K
STREET ADDRESS 769 CAPISTRANO DRIVE
CITY-ST-ZIP NOKOMIS, FL 34275

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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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 like empowered.

SIGNATURE:

(Signature)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

DAYTIME PHONE #

1/7/04 941-921-6441