

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S68611

Entity Name: THE JOLLY SAILOR, INC.

FILED
Mar 31, 2004
Secretary of State

Current Principal Place of Business:

1 SW OSCEOLA STR
STUART, FL 34994 US

New Principal Place of Business:

Current Mailing Address:

1 SW OSCEOLA STR
STUART, FL 34994 US

New Mailing Address:

2186 NW 18TH DRIVE
STUART, FL 34994 US

FEI Number: 65-0278423

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DAVIS, ROBERT
2186 N.W. 18TH DR.
STUART, FL 34994

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: DAVIS, ROBERT,
Address: 2186 N.W. 18TH DR
City-St-Zip: STUART, FL

Title: D () Delete
Name: DAVIS, TRACY,
Address: 2186 N.W. 18TH DR
City-St-Zip: STUART, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: DAVIS, ROBERT,
Address: 2186 N.W. 18TH DR
City-St-Zip: STUART, FL 34994

Title: D (X) Change () Addition
Name: DAVIS, TRACY,
Address: 2186 N.W. 18TH DR
City-St-Zip: STUART, FL 34994

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: TRACY W DAVIS

VP

03/31/2004

Electronic Signature of Signing Officer or Director

Date