

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000083965

Entity Name: SJS CONSTRUCTION, INC.

FILED
Jan 16, 2004
Secretary of State

Current Principal Place of Business:

541 PERMENTO AVE
JACKSONVILLE, FL 32220

New Principal Place of Business:

Current Mailing Address:

PO BOX 61206
JACKSONVILLE, FL 32236

New Mailing Address:

FEI Number: 59-3739277 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HALLOWES, BORDEN R
541 PERMENTO AVE
JACKSONVILLE, FL 32220

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: P () Delete
Name: SNEAD, SARA J
Address: 8210 SPENCERS TRACE DRIVE
City-St-Zip: JACKSONVILLE, FL 32244

Title: V () Delete
Name: REED, KEITH
Address: 2823 TANGLEWOOD BLVD.
City-St-Zip: ORANGE PARK, FL 32065

Title: T () Delete
Name: WADE, JOHN F III
Address: 961 GRAPE LANE
City-St-Zip: JACKSONVILLE, FL 32259

Title: S () Delete
Name: KELLY, MICHAEL A
Address: 195-A ROSCOE BLVD. SOUTH
City-St-Zip: PONTE VEDRA BEACH, FL 32082

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change () Addition
Name: WADE, JOHN F III
Address: 237 SPARROW BRANCH CIRCLE
City-St-Zip: JACKSONVILLE, FL 32259

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: SARA J. SNEAD

P

01/16/2004

Electronic Signature of Signing Officer or Director

_____ Date