


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2004 8:00 am
Secretary of State

01-20-2004 90049 022 ***150.00

DOCUMENT # P24281

1. Entity Name
J. FLETCHER CREAMER & SON, INC.



Principal Place of Business: **101 E BROADWAY HACKENSACK, NJ 07601**

Mailing Address: **101 E BROADWAY HACKENSACK, NJ 07601**

44002730



2. Principal Place of Business: Suite, Apt. #, etc.

3. Mailing Address: Suite, Apt. #, etc.

01072004 Chg-P CR2E034 (10/03)

City & State: _____

Zip: _____ Country: _____

4. FEI Number: **21-0665029**

Applied For: Not Applicable

6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
 1200 S. PINE ISLAND ROAD
 PLANTATION, FL 33324**

5. Certificate of Status Desired **\$8.75** Additional Fee Required

7. Name and Address of New Registered Agent

Name: _____

Street Address (P.O. Box Number is Not Acceptable): _____

City: _____ **FL** Zip Code: _____

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

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 | VD <input type="checkbox"/> Delete |
| NAME | CREAMER, DALE A |
| STREET ADDRESS | 426 AIRMOUNT AVE |
| CITY-ST-ZIP | RAMSEY, NJ |
| TITLE | EVPD <input type="checkbox"/> Delete |
| NAME | CREAMER, GLENN L |
| STREET ADDRESS | 175 CHESTNUT RIDGE ROAD |
| CITY-ST-ZIP | SADDLE RIVER, NJ 07458 |
| TITLE | PD <input type="checkbox"/> Delete |
| NAME | CREAMER, J. FLETCHER, JR |
| STREET ADDRESS | 49 E. SADDLE RIVER ROAD |
| CITY-ST-ZIP | SADDLE RIVER, NJ |
| TITLE | VPD <input type="checkbox"/> Delete |
| NAME | CREAMER, DALE |
| STREET ADDRESS | 426 AIRMOUNT AVE |
| CITY-ST-ZIP | RAMSEY, NJ 07446 |
| TITLE | S <input type="checkbox"/> Delete |
| NAME | MARAFINO, ESTELLE R |
| STREET ADDRESS | 41 VAN ORDEN RD |
| CITY-ST-ZIP | HARRINGTON PARK, NJ |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|--|
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | 101 EAST BROADWAY |
| CITY-ST-ZIP | HACKENSACK, NJ 07601 |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| 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 authority empowered.

SIGNATURE: _____ **1-15-04** **(201) 488-9600**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #