


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

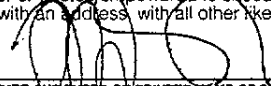
FILED
Feb 02, 2004 08:00 AM
Secretary of State

DOCUMENT # P96000035676 1. Entity Name E.J.M.T. INVESTMENT COMPANY			
Principal Place of Business 25 HOMESTEAD RD N SUITE 11 LEHIGH ACRES FL 33936		Mailing Address 25 HOMESTEAD RD N SUITE 11 LEHIGH ACRES FL 33936	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 65-0664955		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
MORGAN, JOHN M 302 LEE BLVD STE 102 LEHIGH ACRES FL 33936		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	FL
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D GROLL, JUTTA	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS	743 MIRROR LAKES DRIVE	STREET ADDRESS	U00000024602
CITY-ST-ZIP	LEHIGH ACRES FL 33936	CITY-ST-ZIP	02/02/04-80070-023 150.00
	<input type="checkbox"/> Delete		
TITLE	D GROLL, EDUARD	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS	743 MIRROR LAKES DRIVE	STREET ADDRESS	
CITY-ST-ZIP	LEHIGH ACRES FL 33936	CITY-ST-ZIP	
	<input type="checkbox"/> Delete		
TITLE	S GOERTZ, HILDEGUST A	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS	743 MIRROR LAKES DR.	STREET ADDRESS	
CITY-ST-ZIP	LEHIGH ACRES FL 33936	CITY-ST-ZIP	
	<input type="checkbox"/> Delete		
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
	<input type="checkbox"/> Delete		
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
	<input type="checkbox"/> Delete		



MOORE CR2E034 (11/03)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  1-27-04 234-3640133

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR