

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 10, 2004 8:00 am
Secretary of State

02-10-2004 90033 020 ***150.00

DOCUMENT # 626482

1. Entity Name

JAYMUR, INC.



Principal Place of Business

3465 OCEAN DRIVE
VERO BCH. FL 32963

Mailing Address

3465 OCEAN DRIVE
VERO BCH. FL 32963

J4U10101



MOORE CR2E034 (11/03)

2. Principal Place of Business

2165 PINEAPPLE AVE

3. Mailing Address

2165 PINEAPPLE AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MELBOURNE FL

City & State

MELBOURNE FL

4. FEI Number

59-1916576

Applied For

Not Applicable

Zip

32935

Country

BREVARD

Zip

32935

Country

BREVARD

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MURPHY, EDWARD R JR
125 SKYLINE CIR
SATELLITE BCH FL 32937

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PTD	<input type="checkbox"/> Delete
NAME	MURPHY, EDWARD R. JR	
STREET ADDRESS	125 SKYLINE CIRCLE	
CITY-ST-ZIP	SATELLITE BCH FL	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	MURPHY, ALFREDA J.	
STREET ADDRESS	125 SKYLINE CIRCLE	
CITY-ST-ZIP	SATELLITE BCH FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	MURPHY, EDWARD R. III	
STREET ADDRESS	2165 PINEAPPLE AVENUE	
CITY-ST-ZIP	MELBOURNE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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	
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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 other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-4-04

Date

321-255-0292

Daytime Phone #