


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 07, 2004 08:00 AM
Secretary of State

DOCUMENT # F00000001105 1. Entity Name J. & J. COMO JR., INC.	
--	---

Principal Place of Business 69 DOUGLAS DRIVE TOWACO, NJ 07082	Mailing Address 69 DOUGLAS DRIVE TOWACO, NJ 07082
---	---

DO NOT WRITE IN THIS SPACE

01292004 No Chg-P CR2E034 (10/03)

4. FEI Number 22-1518228	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

COMO, JOHN JR
8624 ESCONDIDO WAY EAST
BOCA RATON, FL 33433

**DO NOT WRITE
IN THIS SPACE**

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 restate) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	---

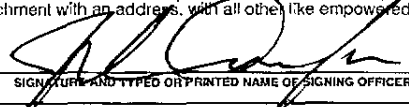
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY ST ZIP	PC COMO, JOHN 69 DOUGLAS DRIVE TOWACO, NJ 07082
TITLE NAME STREET ADDRESS CITY ST ZIP	ST COMO, JOHN JR 69 DOUGLAS DRIVE TOWACO, NJ 07082
TITLE NAME STREET ADDRESS CITY ST ZIP	
TITLE NAME STREET ADDRESS CITY ST ZIP	
TITLE NAME STREET ADDRESS CITY ST ZIP	
TITLE NAME STREET ADDRESS CITY ST ZIP	

U000000039703
02/09/04-80017-004 150.00

**DO NOT WRITE
IN THIS SPACE**

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:  **1/29/04** **201-404-9732**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/No Phone #