


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 26, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # F02000004446</b> 1. Entity Name <b>JOC OUTPORT, INC.</b>	
--	---

Principal Place of Business <b>50 MILLSTONE ROAD, STE. 200 EAST WINDSOR, NJ 08520-1415</b>	Mailing Address <b>50 MILLSTONE ROAD, STE. 200 EAST WINDSOR, NJ 08520-1415</b>
---	---

**DO NOT WRITE IN THIS SPACE**



03182003 No Chg-P CR2E034 (10/03)

4. FEI Number <b>06-1627164</b>	Applied For Not Applicable
------------------------------------	-------------------------------

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
---	--

6. Name and Address of Current Registered Agent  
**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00  
Due by September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CEOS GLASS, ALAN 106 COMMONWEALTH DRIVE NEWTOWN, PA 18940
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CFOV ADAMS, STEPHEN M 272 FEDERAL ROAD MONROE TWP., NJ 08831
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V RIVERA, RICHARD 236-21 88TH AVENUE BELLROSE, NY 11426
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V MURRAY, SUSAN 333 BRANEY STREET LAURENCE HARBOR, NJ 08879
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V CAPERS, JOHN 407 MIDLAND AVENUE ST. DAVIDS, PA 19087
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE  
IN THIS SPACE**

U000000161519  
05/26/04-80002-013 150.00

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

**5/24/04**  
Date

**609-371-1707**  
Daytime Phone #