

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 12, 2004 08:00 AM
Secretary of State

DOCUMENT # F03000001431 1. Entity Name MONMOUTH REAL ESTATE INVESTMENT CORPORATION	
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Principal Place of Business JUNIPER BUSINESS PLAZA 3499 ROUTE 9 NORTH, STE. 3-C FREEHOLD, NJ 07728	Mailing Address JUNIPER BUSINESS PLAZA 3499 ROUTE 9 NORTH, STE. 3-C FREEHOLD, NJ 07728
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DO NOT WRITE IN THIS SPACE



03302004 No Chg-P CR2E034 (10/03)

4. FEI Number 22-1897375	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND RD. PLANTATION, FL 33324	DO NOT WRITE IN THIS SPACE
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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	
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	DP LANDY, EUGENE W 3499 ROUTE 9 NORTH, STE. 3-C FREEHOLD, NJ 07728
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	VP MORGENSTERN, CYNTHIA J 3499 ROUTE 9 NORTH, STE. 3-C FREEHOLD, NJ 07728
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	AS BENCIVENGA, ERNEST V 3499 ROUTE 9 NORTH, STE. 3-C FREEHOLD, NJ 07728
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D WEIDHORN, PETER 4345 ROUTE 9 NORTH FREEHOLD, NJ 07728
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D KAEMPFFER, CHARLES P 3499 ROUTE 9 NORTH, STE. 3-C FREEHOLD, NJ 07728
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D HIRSCH, MATTHEW I 150 STRAFFORD AVENUE, STE. 115 WAYNE, PA 19087

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04/12/04-80048-015 150.00

**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:  Eugene W. Landy	3/31/04	732/577-9997
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		
Date Daytime Phone #		