

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 11, 2004 8:00 am
Secretary of State

02-11-2004 90012 021 ***150.00

DOCUMENT # F10786

1. Entity Name

JORIS INVESTMENT MANAGEMENT COMPANY



Principal Place of Business

27 CARRIAGE CREEK WAY
ORMOND BEACH FL 32174

Mailing Address

27 CARRIAGE CREEK WAY
ORMOND BEACH FL 32174

2. Principal Place of Business

27 CARRIAGE CREEK WAY

Suite, Apt. #, etc.

3. Mailing Address

SAULS

Suite, Apt. #, etc.



MOORE

CR2E034 (11/03)

City & State

ORMOND BEACH FL

Zip

Country

City & State

SAULS

Zip

Country

4. FEI Number

59-2041815

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

REILLY, WALTER A., JR.
27 CARRIAGE CREEK WAY
ORMOND BEACH FL 32174

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
NAME
STREET ADDRESS
CITY-ST-ZIP
PTD
REILLY, WALTER A., JR
27 CARRIAGE CREEK WAY
MIAMI FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VSD
REILLY, MAUREEN E.
27 CARRIAGE CREEK WAY
MIAMI, FL.

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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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

Date

Daytime Phone #

4 FEB 04 386-6769016