

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 17, 2004 8:00 am
Secretary of State

02-17-2004 90001 041 ***150.00



DOCUMENT # F36600
 1. Entity Name
J.M.B. REPAIRS, INC.

Principal Place of Business: **3564 BOUTWELL RD. LK WORTH FL 33461**
 Mailing Address: **2564 BOUTWELL RD. LK WORTH FL 33461**

2. Principal Place of Business: **2105 7TH Ave No**
 Suite, Apt. #, etc.
 3. Mailing Address: **2105 7TH Ave No**
 Suite, Apt. #, etc. *same*

City & State: **Lake Worth, FL**
 City & State: *same*

Zip: **33461** Country: **Palm Bch.**

Barcode: MOORE CR2E034 (11/03)
 4. FEI Number: **59-2103254**
 Applied For: Not Applicable
 5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
MILLER, COREY P
1300 N FEDERAL HWY #101
BOCA RATON FL 33432

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 _____ (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	SPT	<input type="checkbox"/> Delete
NAME	BRIGHTLY, JEFFERY M	
STREET ADDRESS	4799 BLUE PINE CIR	
CITY-ST-ZIP	LAKE WORTH FL	
TITLE	VS	<input type="checkbox"/> Delete
NAME	ZIMMERMAN, TROY E.	
STREET ADDRESS	3548 EVERGLADES RD	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33410	
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		
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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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: **Jeffrey M. Brightly** / 10/04 561-585-0510
 _____ Date Daytime Phone #