

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 23, 2004 8:00 am**  
**Secretary of State**

02-04-2004 90082 016 \*\*\*150.00

<b>DOCUMENT # F81630</b> 1. Entity Name <b>JA-LOR FOOD &amp; MERCHANDISE BROKERS, INC.</b>					
Principal Place of Business <b>% JAMES H. BLEAKLEY JR. 2908 W. NORTH STREET TAMPA FL 33614</b>			Mailing Address <b>% JAMES H. BLEAKLEY JR. 2908 W. NORTH STREET TAMPA FL 33614</b>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number <b>59-2921584</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent <b>BLEAKLEY, JAMES H., JR. 2908 W. NORTH ST TAMPA FL 33614</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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 <i>James H. Bleakley Jr.</i> <small>Signature, typed or printed name of registered agent and title if applicable</small>				DATE <b>1/29/04</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE PD NAME BLEAKLEY, JAMES H., JR. <input type="checkbox"/> Delete STREET ADDRESS 2908 W. NORTH ST CITY-ST-ZIP TAMPA FL			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE STD NAME BLEAKLEY, BILLIE SUE <input type="checkbox"/> Delete STREET ADDRESS 2908 W. NORTH ST CITY-ST-ZIP TAMPA FL			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE D NAME BLEAKLEY, JAMES H., III <input checked="" type="checkbox"/> Delete STREET ADDRESS 2908 W. NORTH ST CITY-ST-ZIP TAMPA FL			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE <input type="checkbox"/> Delete 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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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 files empowered.					
SIGNATURE: <i>James H. Bleakley Jr.</i> <b>PRESIDENT</b> <b>2/18/04</b> <b>813/879-5658</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

(SARLY)