

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 18, 2004 8:00 am**  
**Secretary of State**

03-18-2004 90008 034 \*\*\*150.00

**DOCUMENT # G01895**

1. Entity Name

MJR GENERAL CONTRACTOR, INC.



Principal Place of Business

4615 N.E. INDIAN RIVER DR.  
JENSEN BCH. FL 34957

Mailing Address

4615 N.E. INDIAN RIVER DR.  
JENSEN BCH. FL 34957

54019267

2. Principal Place of Business

4690 SE TERI PLACE

Suite, Apt. #, etc.

3. Mailing Address

PO BOX 2982

Suite, Apt. #, etc.



MOORE

CR2E034 (11/03)

City & State

STUART FL

City & State

JENSEN BCH FL

4. FEI Number

59-2230520

Applied For

Not Applicable

Zip

34997

Country

US

Zip

34958

Country

US

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ROY, M. JOSEPH, JR.  
4615 N.E. INDIAN RIVER DRIVE  
JENSEN BEACH FL 34957

7. Name and Address of New Registered Agent

Name ROY M. JOSEPH JR

Street Address (P.O. Box Number is Not Acceptable)

4690 SE TERI PLACE

City STUART FL

FL

Zip Code

34997

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

M. JOSEPH ROY JR

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when registering)

DATE

3-11-04

**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 PD  
NAME ROY, M. JOSEPH, JR.  
STREET ADDRESS 4615 NE INDIAN RIVER DR  
CITY-ST-ZIP JENSEN BEACH 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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
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:

M JOSEPH ROY JR

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-11-04 772 429 5323