

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 12, 2004 8:00 am
Secretary of State

04-12-2004 90650 040 ***158.75

DOCUMENT # G20005
 1. Entity Name
J-MAR CORP. OF BREVARD



Principal Place of Business Mailing Address
343 N TROPICAL TRAIL PO BOX 540861
303 MERRITT ISLAND FL 32953

54031511



MOORE CR2E034 (11/03)

2. Principal Place of Business 3. Mailing Address
333 N. tropical trail
 Suite, Apt. #, etc. Suite, Apt. #, etc.
108B

City & State City & State
Merritt Isl. FL
 Zip Country Zip Country
32953 Brevard

4. FEI Number **59-2260107** Applied For Not Applicable
 5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
WESTER, MARY D
343 N TROPICAL TRAIL
303 MERRITT ISLAND FL 32953

7. Name and Address of New Registered Agent
 Name **Wester Mary D.**
 Street Address (P.O. Box Number is Not Acceptable) **333 N. tropical trail**
#108B
 City **Merritt Island** FL Zip Code **32953**

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 Mary D. Wester Pres. Mary D. Wester DATE 04/07/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	PT <input type="checkbox"/> Delete
NAME	WESTER, MARY D.
STREET ADDRESS	343 N TROPICAL TRAIL #303
CITY-ST-ZIP	MERRITT ISLAND FL 32953
TITLE	D <input type="checkbox"/> Delete
NAME	WESTER, ALAN E
STREET ADDRESS	1205 OLD PARSONAGE DRIVE
CITY-ST-ZIP	MERRITT ISLAND FL
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	PT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Wester, Mary D.
STREET ADDRESS	333 N. Tropical trail, #108B
CITY-ST-ZIP	Merritt Island, FL 32953
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	
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: Mary D. Wester President DATE 04/07/04 DAYTIME PHONE # 321-455-6414
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR