


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 26, 2004 08:00 AM
Secretary of State

DOCUMENT # G60752
 1. Entity Name
JOMAR PROPERTY CORPORATION



Principal Place of Business 18 DALEGARTH AVE BOLTON, UK, blf-5dw	Mailing Address 18 DALEGARTH AVE BOLTON, UK, blf-5dw
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DO NOT WRITE IN THIS SPACE



07122004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2368201	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
**CT CORPORATION SYSTEM
 1200 S. PINE ISLAND ROAD
 PLANTATION, FL 33324**

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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 _____ DATE _____
Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
 Due by September 8, 2004**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HORROCKS, DANIEL 18 DALEGARTH AVENUE BOLTON, UK
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD HORROCKS, DOROTHY J 18 DALEGARTH AVENUE BOLTON, UK
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HORROCKS, MARK I 18 DALEGARTH AVENUE BOLTON, UK
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HORROCKS, DANIEL 18 DALEGARTH AVENUE BOLTON, UK
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 07/26/04-80007-007 150.00

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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)(f), 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: *Daniel Horrocks* **DATE:** *July 21st 2004*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR