

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 08, 2004 8:00 am
Secretary of State

04-08-2004 90014 020 ***150.00

DOCUMENT # G61944

1. Entity Name

J.M.K.J., INC.



Principal Place of Business

5179 FLICKER FIELD CIRCLE
SARASOTA FL 34231

Mailing Address

5179 FLICKER FIELD CIRCLE
SARASOTA FL 34231

2. Principal Place of Business

7333 Scotland Way
Suite, Apt. #, etc.
#2221

3. Mailing Address

7333 Scotland Way
Suite, Apt. #, etc.
#2221

City & State

Sarasota, Florida

City & State

Sarasota, Florida

4. FEI Number

59-2348988

Applied For
Not Applicable

Zip

34238

Country

USA

Zip

34238

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HOEFFLER, EUGENE J.
5179 FLICKER FIELD CIRCLE
SARASOTA FL 34231

7. Name and Address of New Registered Agent

Name: Hoefler, Eugene J.
Street Address (P.O. Box Number is Not Acceptable): 7333 Scotland Way
Apt. #2221
City: Sarasota FL Zip Code: 34238

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

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

(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: DPT
NAME: HOEFFLER, EUGENE J. ☐ Delete
STREET ADDRESS: 5179 FLICKER FIELD CIR.
CITY-ST-ZIP: SARASOTA FL

TITLE: DVS
NAME: HOEFFLER, PATRICIA H. ☐ Delete
STREET ADDRESS: 5179 FLICKER FIELD CIR.
CITY-ST-ZIP: SARASOTA FL

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Change ☐ 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:

Eugene J. Hoefler
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/2/04

941-923-1420

Date

Daytime Phone #