


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2004 8:00 am
Secretary of State

04-23-2004 90244 009 ***150.00

DOCUMENT # H10154	
1. Entity Name JARRY REALTY, INC.	

Principal Place of Business P.O BOX 21043 TAMPA, FL 33622	Mailing Address C/O TAX DEPARTMENT 21001 VAN BORN RD. TAYLOR, MI 48180-1340
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

04202004 Chg-P CR2E034 (10/03)

4. FEI Number 59-2438861	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required.
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6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND RD. PLANTATION, FL 33324

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

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 _____	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE	P <input type="checkbox"/> Delete
NAME	ABRAMS, ALLAN
STREET ADDRESS	271 MAYHILL ST.
CITY-ST-ZIP	SADDLE BROOK, NJ 07662
TITLE	VDTS <input type="checkbox"/> Delete
NAME	ROSOWSKI, ROBERT B
STREET ADDRESS	21001 VAN BORN ROAD
CITY-ST-ZIP	TAYLOR, MI 481801340
TITLE	DVS <input type="checkbox"/> Delete
NAME	GARGARO, EUGENE A JR.
STREET ADDRESS	21001 VAN BORN RD.
CITY-ST-ZIP	TAYLOR, MI 481801340
TITLE	D <input type="checkbox"/> Delete
NAME	LEEKLEY, JOHN R
STREET ADDRESS	21001 VAN BORN RD.
CITY-ST-ZIP	TAYLOR, MI 481801340
TITLE	V <input type="checkbox"/> Delete
NAME	DORAN, DAVID
STREET ADDRESS	21001 VAN BORN ROAD
CITY-ST-ZIP	TAYLOR, MI 481801340
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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	
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	V
STREET ADDRESS	MOELLIEN, JERRY W.
CITY-ST-ZIP	21001 VAN BORN ROAD TAYLOR, MI 48180-1340

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: _____	David A. Doran, VP	4/21/04	313/274-7400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #