

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 29, 2004 8:00 am
Secretary of State

03-29-2004 90040 039 ***150.00

DOCUMENT # J19344

1. Entity Name

VMJ, INC.



Principal Place of Business

2500 BOYSCOUT RD
LAKE WALES FL 33853
US

Mailing Address

P O BOX 1348
LAKE WALES FL 33859
US

44061004



MOORE CR2E034 (11/03)

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

58-1684754

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CRITTENDEN, ROBERT R.
103 AVENUE A, N.W.
WINTER HAVEN FL 33880

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

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 PD ☐ Delete
NAME ARMINGTON, MARJORIE
STREET ADDRESS 2500 BOY SCOUT RD.
CITY-ST-ZIP LAKE WALES FL

TITLE VD ☐ Delete
NAME HADLOCK, JOANNE A
STREET ADDRESS 3320 COLD SPRINGS RD.
CITY-ST-ZIP AUSTINBURG OH

TITLE T ☐ Delete
NAME ARMINGTON, DIANE
STREET ADDRESS 2640 FAIRWAY COURT
CITY-ST-ZIP LAKE WALES FL

TITLE S ☐ Delete
NAME ARMINGTON, ROBERT
STREET ADDRESS 2640 FAIRWAY COURT
CITY-ST-ZIP LAKES WALES FL

TITLE D ☐ Delete
NAME MORHARD, JOE
STREET ADDRESS 6703 PEMBERTON VIEW DR
CITY-ST-ZIP SEFFNER FL

TITLE D ☐ Delete
NAME ARMINGTON, GEORGE III
STREET ADDRESS 7121 YARDLEY WAY
CITY-ST-ZIP TAMPA FL

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

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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:

Marjorie Armington Marjorie Armington

3/28/04

863-696.7744

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #