

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J24840

Entity Name: J AND M EDMONDS, INC.

FILED  
Mar 09, 2004  
Secretary of State

## Current Principal Place of Business:

7138 DEER POINT LANE  
WEST PALM BEACH, FL 33411 US

## New Principal Place of Business:

6109 INDIAN FOREST CIRCLE  
LAKE WORTH, FL 33463 US

## Current Mailing Address:

7138 DEER POINT LANE  
WEST PALM BEACH, FL 33411 US

## New Mailing Address:

6109 INDIAN FOREST CIRCLE  
LAKE WORTH, FL 33463 US

FEI Number: 59-2697993

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

EDMONDS, JOHN A.  
7138 DEER POINT LANE  
W. PALM BEACH, FL 33411 US

## Name and Address of New Registered Agent:

EDMONDS, WILLIAM D  
6109 INDIAN FOREST CIRCLE  
LAKE WORTH, FL 33463 US

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.

SIGNATURE: WILLIAM DONALD EDMONDS

03/09/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: EDMONDS, WM  
Address: 6019 INDIAN FOREST CIRCLE  
City-St-Zip: LAKE WORTH, FL 33463

Title: D ( ) Delete  
Name: LIBERATA, EDMONDS  
Address: 6019 INDIAN FOREST CIRCLE  
City-St-Zip: LAKE WORTH, FL 33463

Title: STD (X) Delete  
Name: EDMONDS, MARTHA  
Address: 7138 DEER POINT LANE  
City-St-Zip: WEST PALM BEACH, FL 33411

Title: CD (X) Delete  
Name: EDMONDS, JOHN  
Address: 7138 DEER POINT LANE  
City-St-Zip: WEST PALM BEACH, FL

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: EDMONDS, WM D  
Address: 6109 INDIAN FOREST CIRCLE  
City-St-Zip: LAKE WORTH, FL 33463 US

Title: D (X) Change ( ) Addition  
Name: LIBERATA, EDMONDS  
Address: 6109 INDIAN FOREST CIRCLE  
City-St-Zip: LAKE WORTH, FL 33463 US

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LIBERATA EDMONDS

D

03/09/2004

Electronic Signature of Signing Officer or Director

Date