

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 21, 2004 08:00 AM
Secretary of State

DOCUMENT # J31757	
1. Entity Name JMARCO, INC.	

Principal Place of Business % IRA STEWART WIESNER 1800 SECOND ST., STE 870 SARASOTA, FL 34236-5964	Mailing Address % IRA STEWART WIESNER 1800 SECOND ST., STE 870 SARASOTA, FL 34236-5964
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01082004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 35-1493567	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent WIESNER, IRA STEWART 1800 SECOND STREET SUITE 870 SARASOTA, FL 33577

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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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-electing.) **DATE** _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MARTIN, JAMES 3003 DICK WILSON DR SARASOTA, FL 34240
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD MARTIN, M. SHIRL 3003 DICK WILSON DR SARASOTA, FL 34240
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01/21/04-80004-009 150.00

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 637, 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: James J. Martin **JAMES J. MARTIN** **01.12.04** **9419510220**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #