

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 91050 038 ***150.00

| | | | |
|---|--|---|--|
| DOCUMENT # J80088 1. Entity Name M. J., INC. | | | |
| Principal Place of Business % MARK E. SWARTSEL 8410 U.S. HWY. 19, SUITE #105 PORT RICHEY, FL 34668 | | Mailing Address % MARK E. SWARTSEL 8410 U.S. HWY. 19, SUITE #105 PORT RICHEY, FL 34668 | |
| 2. Principal Place of Business Suite, Apt. #, etc. 10138 U.S. HWY. 19 | | 3. Mailing Address Suite, Apt. #, etc. 10138 U.S. HWY. 19 | |
| City & State PORT RICHEY, FL | | City & State PORT RICHEY, FL | |
| Zip 34668 | | Zip 34668 | |
| Country | | Country | |
| 4. FEI Number 65-0160772 | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent SWARTSEL, MARK E. 8410 U.S. HWY. 19 PORT RICHEY, FL 34668 | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 10138 U.S. HWY. 19 City PORT RICHEY FL Zip Code 34668 | |
| 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: <u> MARK E. SWARTSEL</u> DATE: <u>4-20-04</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | |
| 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 | |
| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD SWARTSEL, MARK E. 8410 U.S. HWY 19 STE 105 PORT RICHEY, FL | <input type="checkbox"/> Delete | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | STD SWARTSEL, E.F. 4419 GRAND BLVD. NEW PORT RICHEY, FL | <input type="checkbox"/> Delete | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | 10138 U.S. HWY. 19 PORT RICHEY, FL 34668 | <input type="checkbox"/> Delete | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | 4419 GRAND BLVD. NEW PORT RICHEY, FL 34652 | <input type="checkbox"/> Delete | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | (Empty) | <input type="checkbox"/> Delete | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | (Empty) | <input type="checkbox"/> Delete | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | (Empty) | <input type="checkbox"/> Delete | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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: <u> MARKE. SWARTSEL</u> | | Date: <u>4-20-04</u> Daytime Phone #: <u>727-848-1234</u> | |