

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 19, 2004 8:00 am
Secretary of State

03-19-2004 90029 039 ***158.75

DOCUMENT # J86624

1. Entity Name

TJRR PROPERTIES, INC.



Principal Place of Business

CORNER US 19 ST. RD. 26
FANNING SPRINGS FL 32693

Mailing Address

8751 NW 173RD STREET
FANNING SPRINGS FL 32693-9218
US

4401981Z



MOORE

CR2E034 (11/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2889480

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CHASE, PHYLLIS ANN
8751 NW 173RD ST
FANNING SPRINGS FL 32693

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

Phyllis Ann Chase PHYLLIS ANN CHASE

DATE

1-28-04

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 DPC ☐ Delete
NAME CHASE, RICHARD DEAN
STREET ADDRESS 8751 NW 173RD ST
CITY-ST-ZIP FANNING SPRINGS FL

TITLE DV ☐ Delete
NAME SULLIVAN, THOMAS JOHN
STREET ADDRESS 1201 NE 180TH ST.
CITY-ST-ZIP FANNING SPRINGS FL 32693

TITLE STD ☐ Delete
NAME CHASE, PHYLLIS ANN
STREET ADDRESS 8751 NW 173RD ST
CITY-ST-ZIP FANNING SPRINGS FL 32693

TITLE DVP ☐ Delete
NAME PAUL EARL CHASE
STREET ADDRESS 8751 NW 173RD ST
CITY-ST-ZIP FANNING SPRINGS FL 32693

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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: PHYLLIS ANN CHASE *Phyllis Ann Chase*

Date

Daytime Phone #

352-463-2846

1-28-04