


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 25, 2004 8:00 am
Secretary of State

02-25-2004 90024 018 ***158.75

DOCUMENT # K78597		
1. Entity Name HCJ-2 ENTERPRISES, INC.		
Principal Place of Business 26065 LABLOLLY LANE LAND O LAKES		Mailing Address 26065 LABLOLLY LANE LAND O LAKES FL 34639
2. Principal Place of Business Suite, Apt. #, etc.		Address Apt. #, etc.
City & State		State
Zip		Country



MOORE CR2E034 (11/03)

6. Name and Address of Current Registered Agent JASPERSON, MARIAN L 26650 LOBLOLLY LANE LAND O LAKES FL 34639		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable)	
8. The above named entity submits this statement for the purpose of the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable		agent, or both, in the State of Florida. I am familiar with, and accept DATE When reinstating)	
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. <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	DPST JASPERSON, HAROLD C. JR. 26065 LOBLOLLY LANE LAND O LAKES FL 34639 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Harold C. Jasperson* (PREP) HAROLD C JASPERSON 2/17/04 (813) 973-3938
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #