

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90713 048 ***150.00

DOCUMENT # L45841

1. Entity Name
J & M TAX SERVICE, INC.



Principal Place of Business
**2080 NW BOCA RATON BLVD
6
BOCA RATON, FL 33431 US**

Mailing Address
**2080 NW BOCA RATON BLVD
6
BOCA RATON, FL 33431 US**

94079453



2. Principal Place of Business

10686 Cypress Bend Dr
Suite, Apt. #, etc.

3. Mailing Address

10686 Cypress Bend Dr
Suite, Apt. #, etc.

04282004

Chg-P

CR2E034 (10/03)

City & State
Boca Raton FL

City & State
Boca Raton F

4. FEI Number
65-0168676

Applied For
Not Applicable

Zip
33498

Country
USA

Zip
33498

Country
USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**MULLIN, JAMES G
2080 NW BOCA RATON BLVD
SUITE 6
BOCA RATON, FL 33431**

7. Name and Address of New Registered Agent

Name
MARIANN MULLIN
Street Address (P.O. Box Number is Not Acceptable)
10686 Cypress Bend Dr
City
Boca Raton FL Zip Code
33498

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

Mariann Mullin

(NOTE: Registered Agent signature required when reinstating)

4-26-04

DATE

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

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DP
MULLIN, MARIANN
10686 CYPRESS BEND DR.
BOCA RATON, FL** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

Mariann Mullin
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/26/04

Daytime Phone #

5413504322