

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 20, 2004 8:00 am
Secretary of State

04-20-2004 90033 043 ***150.00

DOCUMENT # L58422

1. Entity Name

JENNAH BLOSSOM II CORP.



Principal Place of Business

398 NE 6TH AVENUE
DELRAY BEACH FL 33483

Mailing Address

CAPITAL REALTY ADVISORS
8895 N MILITARY TRAIL STE E-201
PALM PALM GARDENS FL 33410

2. Principal Place of Business

600 Sandtree Drive

Suite, Apt. #, etc.

#109

3. Mailing Address

600 Sandtree Drive

Suite, Apt. #, etc.

#109

City & State

Palm Beach Gardens, Florida

City & State

Palm Beach Gardens, Florida

Zip

33403

Country

USA

Zip

33403

Country

USA

4. FEI Number

65-0182286

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MCDONALD, DONNA
8895 N MILITARY TRAIL SUITE E-201
PALM BEACH GARDENS FL 33410

7. Name and Address of New Registered Agent

Name

Donna McDonald

Street Address (P.O. Box Number is Not Acceptable)

c/o Capital Realty Advisors, Inc.

600 Sandtree Drive, Suite 109

City

Palm Beach Gardens

FL

Zip Code

33403

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

Donna McDonald

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3-12-04

DATE

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 DP ☐ Delete
NAME CASTER, RICHARD F.
STREET ADDRESS 398 NE 6TH AVENUE
CITY-ST-ZIP DELRAY BEACH FL 33483

TITLE DST ☐ Delete
NAME CASTER, CARY
STREET ADDRESS 398 NE 6TH AVENUE
CITY-ST-ZIP DELRAY BEACH FL 33483

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #