


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 09, 2004 8:00 am
Secretary of State

04-09-2004 90067 025 ***150.00

DOCUMENT # M84240

1. Entity Name
EJR CORPORATION



Principal Place of Business
**5921 WOODWIND COURT
 GREENACRES FL 33463**

Mailing Address
**5921 WOODWIND COURT
 GREENACRES FL 33463**

2. Principal Place of Business
349 KNOTTYWOOD LN

3. Mailing Address
349 KNOTTYWOOD LN

Suite, Apt. #, etc.

City & State
WELLINGTON FL

City & State
WELLINGTON FL

Zip
33414

Country
U.S.

Zip
33414

Country
U.S.

4. FEI Number
65-0063697

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required



MOORE CR2E034 (11/03)

6. Name and Address of Current Registered Agent

**REED, JOAN
 349-KNOTTYWOOD LANE
 WEST PALM BEACH FL 33414**

7. Name and Address of New Registered Agent

Name
EDWARD W REED

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

City
WELLINGTON FL Zip Code
33414

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 *Edward W Reed* DATE **4/5/04**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required 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. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	REED, JOAN	
STREET ADDRESS	349 KNOTTYWOOD LANE	
CITY-ST-ZIP	WEST PALM BEACH FL	
TITLE	PVS	<input checked="" type="checkbox"/> Delete
NAME	REED, JOAN	
STREET ADDRESS	349 KNOTTYWOOD LANE	
CITY-ST-ZIP	WEST PALM BEACH FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EDWARD W REED	
STREET ADDRESS	349 KNOTTYWOOD LN	
CITY-ST-ZIP	WELLINGTON FL 33414	
TITLE	PVS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EDWARD W REED	
STREET ADDRESS	349 KNOTTYWOOD LN	
CITY-ST-ZIP	WELLINGTON FL 33414	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 *Edward W Reed* DATE **4/5/04** DAYTIME PHONE # **201-773-8339**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR