

**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**Apr 30, 2004 8:00 am**  
**Secretary of State**

04-30-2004 90294 043 \*\*\*\*61.25

DOCUMENT # N03000006520

1. Entity Name  
JESUS NUCLEAR FIRE PUBLISHERS INC.



Principal Place of Business Mailing Address  
1173 LAKE MCGREGOR DRIVE 1173 LAKE MCGREGOR DRIVE  
FT MYERS FL 33919 FT MYERS FL 33919

2. Principal Place of Business 3. Mailing Address  
6111 SOUTH POINTE BLVD 6111 SOUTH POINTE BLVD.  
Suite, Apt. #, etc. Suite, Apt. #, etc.



MOORE CR2E037 (11/03)

City & State Ft. MYERS, FLORIDA Ft. MYERS, FLORIDA 4. FEI Number 16-1679230 Applied For Not Applicable  
Zip 33919 Country USA Zip 33919 Country USA 5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
HALLLELUYAH, KINGZZY  
1173 LAKE MCGREGOR DRIVE  
FT MYERS FL 33919

7. Name and Address of New Registered Agent  
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HALLELUYAH, KINGZZY <input type="checkbox"/> Delete 1173 LAKE MCGREGOR DRIVE FT MYERS FL 33919
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HUBER, AARDEN <input checked="" type="checkbox"/> Delete 723 BROAD AVENW CANTON OH 44708
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OKON, AFFI <input type="checkbox"/> Delete 58-03 CALLOWAY ST APT 5MM REGO PARK NY 11368
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SUZANNE SPECHT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 12751 W. LINKS DR. BLD 3, UNIT 7, FT. MYERS, FL. 33913
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ZOILA ALTY <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 98 VAN CORTLANDT PARK SOUTH BRONX, NY 10463
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VIRGINIA MARSHALL <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 6010 NORTH WEST 20TH AVE. MIAMI, FL. 33142
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 617, 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: Halleluyah 4/25/04 718-573-0663  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #