2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000005000

1. Entity Name
JACK H. TANENBAUM FINANCIAL SERVICES, INC.

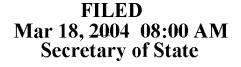| Principal Place of Business	Mailing Address
9180 OAKHURST ROAD SUITE 3 SEMINOLE, FL 33776	9180 OAKHURST ROAD SUITE 3 SEMINOLE, FL 33776

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03112004   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
59-3617363	Not Applicable

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

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES, FL 33134

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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_____
Signature, typed or printed name of registered agent and title if applicable   (NOTE Registered Agent signature required when reinstating)   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	U00000091303 03/18/04-80003-024 150.00

10. OFFICERS AND DIRECTORS

TITLE	PTD
NAME	TANENBAUM, JACK H
STREET ADDRESS	9180 OAKHURST ROAD SUITE 3
CITY-ST-ZIP	SEMINOLE, FL 33776
TITLE	SV
NAME	TANENBAUM, LAURA A
STREET ADDRESS	9180 OAKHURST ROAD SUITE 3
CITY-ST-ZIP	SEMINOLE, FL 33776
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____   3/16/04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #