


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000085657	
1. Entity Name JM CARRIAGE COVE INC.	

Principal Place of Business 500 CARRIAGE COVE WAY SANFORD, FL 32773	Mailing Address 500 CARRIAGE COVE WAY SANFORD, FL 32773
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DO NOT WRITE IN THIS SPACE

FILED

04 MAY -5 PM 4:58

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



02162004	No Chg-P	CR2E034 (10/03)	<i>01</i>
4. FEI Number 59-3669493		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent  CAMPBELL, MIKE 7777 NORTH WICKHAM RD #12-311 MELBOURNE, FL 32940
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CAMPBELL, MIKE 7777 N WICKHAM ROAD #12-311 MELBOURNE, FL 32940
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOSSENBROEK, JAMES 4473 76TH STREET BYRON CENTER, MI 49315
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	

2000035044532  
05/10/04-01110-024 \*\*\$600.00

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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: <i>Mike V Campbell</i> MICHAEL V CAMPBELL	Date: 7/30/04	Daytime Phone #: 321 837 0565
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