


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 06, 2004 08:00 AM
Secretary of State

DOCUMENT # P00000105972	
1. Entity Name JAY'S MUSIC MART, INC.	

Principal Place of Business 23048 SANDALFOOT PLAZA DR BOCA RATON, FL 33428	Mailing Address 23048 SANDALFOOT PLAZA DR BOCA RATON, FL 33428
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DO NOT WRITE IN THIS SPACE



06302004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-1055561	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent SLATKIN, SHELDON 9900 W SAMPLE RD, STE 400 CORAL SPRINGS, FL 33065
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000163247 07/06/04-80005-021 550.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WHETSEL, JOHN 23048 SANDALFOOT PLAZA DR BOCA RATON, FL 33428
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT WHETSEL, CHARLES III 511 NE 14 ST BOCA RATON, FL 33432
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS WHETSEL, JANET K 511 NE 14 ST BOCA RATON, FL 33432
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BALDWIN, BRAIN T 611 NW 16TH AVE BOCA RATON, FL 33486
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:  John Whetzel	6/30/04	561 883 5050
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date</small>	<small>Daytime Phone #</small>