

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

Feb 26, 2005 08:00 AM
Secretary of State

DOCUMENT # P01000095468

1. Entity Name
MMJR, INC.



Principal Place of Business
450102 SR 200
1-SUITE
CALLAHAN, FL 32011

Mailing Address
5456 NORMANDY BLVD
JACKSONVILLE, FL 32205



01272005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3747058

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

MURDOCK, STEWART E
3088 COASTAL HWY
ST AUGUSTINE, FL 32095

**DO NOT WRITE
IN THIS SPACE**

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, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	MURDOCK, STEWART E
STREET ADDRESS	3088 COASTAL HWY
CITY-ST-ZIP	ST AUGUSTINE, FL 32095
TITLE	SD
NAME	MURDOCK, SALLY B
STREET ADDRESS	3088 COASTAL HWY
CITY-ST-ZIP	ST AUGUSTINE, FL 32095
TITLE	VPD
NAME	MURDOCK, MICHAEL F
STREET ADDRESS	3179 WARLIN DRIVE EAST
CITY-ST-ZIP	JACKSONVILLE, FL 32216
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/28/05-80024-014 150.00

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-31-05

Date

904-783-0025

Daytime Phone #