

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 06, 2004 8:00 am
Secretary of State

02-06-2004 90029 034 ***150.00

DOCUMENT # P01000109034

1. Entity Name

J. MAGNER ENTERPRISES INC.



Principal Place of Business

**19112 CHEMILLE DRIVE
LUTZ FL 33558**

Mailing Address

**19112 CHEMILLE DRIVE
LUTZ FL 33558**

2. Principal Place of Business

19112 CHEMILLE DR

3. Mailing Address

19112 CHEMILLE DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

LUTZ FL

City & State

LUTZ FL

4. FEI Number

59-3757060

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**MAGNER, JAY
19112 CHENILLE DRIVE
LUTZ FL 33558**

*incorrect spelling of
street name*

7. Name and Address of New Registered Agent

Name **Magner Jay**

Street Address (P.O. Box Number is Not Acceptable)

19112 CHEMILLE DR.

City **LUTZ**

FL

Zip Code
33558

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

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **MAGNER, JAY**
STREET ADDRESS **19112 CHENILLE DRIVE**
CITY-ST-ZIP **LUTZ FL 33558**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

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TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☒ Change ☐ Addition
NAME **MAGNER JAY**
STREET ADDRESS **19112 CHEMILLE DR**
CITY-ST-ZIP **LUTZ FL 33558**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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

Date

Daytime Phone #

2/1/04

(813) 948-4499

Attachment

P01000109034
94011517
2/1/04

P01000109034

Dear State of Fla,

Please note that the annual
report for J. Magner Enterprises
has the name of my street misspelled.
I have attempted unsuccessfully
in the past to have this error
corrected.

Please take the time to
forward this form to the proper
party to correct the name of
my street.

incorrect

correct

Chenille

Chemille

Thank you,

Jay Magner