

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P01000110781

1. Entity Name
JMC OF MARION COUNTY, FLORIDA, INC.



Principal Place of Business
17860 SE 109TH AVE
618
SUMMERFIELD, FL 34491

Mailing Address
17860 SE 109TH AVE
618
SUMMERFIELD, FL 34491

DO NOT WRITE IN THIS SPACE

**FILED
May 03, 2004 8:00 am
Secretary of State**

05-03-2004 90460 012 ***150.00

14017213



04292004 No Chg-P CR2E034 (10/03)

4. FEI Number 01-0553270	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

**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, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	DPT
NAME	LEE, JOON
STREET ADDRESS	17860 SE 109TH AVE
CITY-ST-ZIP	SUMMERFIELD, FL 34491

TITLE	DVP
NAME	LEE, MIAE
STREET ADDRESS	17860 SE 109TH AVE
CITY-ST-ZIP	SUMMERFIELD, FL 34491

TITLE	DS
NAME	LEE, CHUL
STREET ADDRESS	17860 SE 109TH AVE
CITY-ST-ZIP	SUMMERFIELD, FL 34491

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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: *Joon Lee*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/04

Date

Daytime Phone #