

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000120638

1. Entity Name  
JJK MANAGER, INC.



Principal Place of Business  
16410 MADDALENA PLACE  
DELRAY BEACH, FL 33446

Mailing Address  
16410 MADDALENA PLACE  
DELRAY BEACH, FL 33446

FILED  
04 FEB 16 PM 2:01  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



02052004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 75-2990417	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

KUKES, JEFFREY  
16410 MADDALENA PLACE  
DELRAY BEACH, FL 33446

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**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 NAME STREET ADDRESS CITY-ST-ZIP	D KUKES, JEFFREY 16410 MADDALENA PLACE DELRAY BEACH, FL 33446
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02/20/04--01027--020 \*\*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

JEFFREY KUKES  
16410 MADDALENA PLACE  
DELRAY BEACH, FL 33446

Daytime Phone #

561.496.2123

(fax) 561.496.6244