


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2004 8:00 am
Secretary of State

04-02-2004 90019 003 ***158.75

| | |
|--|---|
| DOCUMENT # P02000005541 |  |
| 1. Entity Name JUPITER HOUSING CORPORATION | |

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|---|--|
| Principal Place of Business 331 TONEY PENNA DRIVE JUPITER, FL 33458 | Mailing Address PO BOX 907 JUPITER, FL 33468 |
|---|--|

54025198



| | | | |
|--------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |

03312004 Chg-P CR2E034 (10/03)

4. FEI Number
01-0575872

Applied For
Not Applicable

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

| | |
|---|--|
| 6. Name and Address of Current Registered Agent | |
| DAVERSA, JEFFREY 331 TONEY PENNA DR SUITE 202 TEQUESTA, FL 33469 | |

| | |
|---|-----------------------------|
| 7. Name and Address of New Registered Agent | |
| Name JEREMIAH MULHERN | |
| Street Address (P.O. Box Number is Not Acceptable) 331 TONEY PENNA DR | |
| OFFICE | |
| City JUPITER | Zip Code FL 33458 |

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: *Jeremiah Mulhern* **Jeremiah Mulhern Pres.** **3/31/04**
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. <input type="checkbox"/> \$5.00 May Be Added to Fees |
|---|--|

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|--|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P MULHERN, JEREMIAH 331 TONEY PENNA DR JUPITER, FL 33458 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | MULHERN, JEREMIAH 331 TONEY PENNA DR JUPITER, FL 33458 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S ENGLISH, KATHY 5389 WILLIAMSON JUPITER, FL 33458 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | 852 SUMMERWOOD DR JUPITER FL 33458 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V MULHERN, MARY-HELEN 33 TONEY PENNA DR JUPITER, FL 33458 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | 331 TONEY PENNA DR JUPITER FL 33458 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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: *Jeremiah Mulhern* **Jeremiah Mulhern** **3/31/04**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #