

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 16, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # P02000021227

1. Entity Name

MJ FIENHOLD PROPERTIES, INC.



Principal Place of Business

101 STARBOARD LANE  
SHALIMAR, FL 32579

Mailing Address

101 STARBOARD LANE  
SHALIMAR, FL 32579



02052004

No Chg-P

CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

FIENHOLD, MICHAEL C  
101 STARBOARD LANE  
SHALIMAR, FL 32579

**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

U00000115747  
04/16/04-80036-019 150.00

10. OFFICERS AND DIRECTORS

TITLE	PT
NAME	FIENHOLD, MICHAEL C
STREET ADDRESS	101 STARBOARD LANE
CITY - ST - ZIP	SHALIMAR, FL 32579
TITLE	SV
NAME	FIENHOLD, JOAN E
STREET ADDRESS	101 STARBOARD LANE
CITY - ST - ZIP	SHALIMAR, FL 32579
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:

*Joan E. Fienhold* *Joan E. Fienhold*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/9/04

Date

850-609-5559

Daytime Phone #