

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2004 8:00 am
Secretary of State

04-21-2004 90090 033 ***150.00

DOCUMENT # P02000043855

1. Entity Name
J.E.M. CONSULTING, INC.



Principal Place of Business
1619 CETONA DRIVE
BOYNTON BEACH, FL 33436

Mailing Address
1619 CETONA DRIVE
BOYNTON BEACH, FL 33436

2. Principal Place of Business

3. Mailing Address

(P02000043855P)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04162004 Chg-P CR2E034 (10/03)

City & State

City & State

4. FEI Number
38-3648409

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MCDONNELL, JERI E
1619 CETONA DRIVE
BOYNTON BEACH, FL 33436

got married name change →

Name *Jeri M. Moran*

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

2443 NW 39th St.

City *Boca Raton*

FL

Zip Code *33431*

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

Jeri M. Moran PS

4/18/04

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. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PS
NAME MCDONNELL, JERI E
STREET ADDRESS 1619 CETONA DRIVE
CITY-STATE-ZIP BOYNTON BEACH, FL 33436 ☐ Delete

TITLE
NAME *Jeri M. Moran* ☒ Change ☐ Addition
STREET ADDRESS *2443 NW 39th St.*
CITY-STATE-ZIP *Boca Raton, FL 33431*

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ Delete

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CITY-STATE-ZIP ☐ Change ☐ Addition

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STREET ADDRESS
CITY-STATE-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ Change ☐ 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:

Jeri M. Moran

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/04

Date

561 889 2980

Daytime Phone #