

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000054838

**FILED**  
**Mar 29, 2004**  
**Secretary of State**

**Entity Name:** J&R ASSET MANAGEMENT, INC.

**Current Principal Place of Business:**

3300 FOX CHASE CIRCLE  
UNIT 204  
PALM HARBOR, FL 34683

**New Principal Place of Business:**

2013 GOLD DUST CT  
TRINITY, FL 34655

**Current Mailing Address:**

POST OFFICE BOX 385  
TARPON SPRINGS, FL 34688

**New Mailing Address:**

**FEI Number:** 04-3664943

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SPIEGEL & UTRERA, P.A.  
1840 SW 22ND ST.  
4TH FLOOR  
MIAMI, FL 33145 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PSTD ( ) Delete  
Name: AOUN, JOCELYNE  
Address: 3300 FOX CHASE CIRCLE  
City-St-Zip: PALM HARBOR, FL 34683

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PSTD (X) Change ( ) Addition  
Name: AOUN, JOCELYNE  
Address: 2013 GOLD DUST CT  
City-St-Zip: TRINITY, FL 34655

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOCELYNE AOUN

PSTD

03/29/2004

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date