

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 16, 2004 8:00 am**  
**Secretary of State**

04-16-2004 90075 034 \*\*\*150.00

**DOCUMENT # P02000086691**

1. Entity Name  
**JNJ RELO, INC.**



Principal Place of Business Mailing Address  
**2900 SW 15TH STREET 2900 SW 15TH STREET**  
**DEERFIELD BEACH, FL 33442 DEERFIELD BEACH, FL 33442**

**94052767**



02232004 Chg-P CR2E034 (10/03)

2. Principal Place of Business Suite, Apt. #, etc.  
Suite, Apt. #, etc.

3. Mailing Address Suite, Apt. #, etc.  
Suite, Apt. #, etc.

City & State City & State

Zip Country

Zip Country

4. FEI Number **36-4504533** Applied For Not Applicable

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**

**MIRRE, LANCE P**  
**5400 S UNIVERSITY DR**  
**STE 601**  
**DAVIE, FL 33328**

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** Zip Code

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**

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE **D** ☐ Delete  
NAME **EISELE, JAY**  
STREET ADDRESS **2900 SW 15TH STREET**  
CITY-ST-ZIP **DEERFIELD BEACH, FL 33442**

TITLE **P.T.D** ☒ Change ☐ Addition  
NAME **Eisele, Jay**  
STREET ADDRESS **2900 SW 15 Street**  
CITY-ST-ZIP **Deerfield Beach, FL 33442**

TITLE **D** ☐ Delete  
NAME **EISELE, JACKIE**  
STREET ADDRESS **2900 SW 15TH ST**  
CITY-ST-ZIP **DEERFIELD BEACH, FL 33442**

TITLE **V.S.D** ☒ Change ☐ Addition  
NAME **Eisele, Jackie**  
STREET ADDRESS **2900 SW 15 Street**  
CITY-ST-ZIP **Deerfield Beach, FL 33442**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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STREET ADDRESS  
CITY-ST-ZIP

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

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 the empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/13/04** **954-379-1136**  
Date Daytime Phone #