

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 07, 2004 08:00 AM
Secretary of State

DOCUMENT # P02000093998 1. Entity Name J. MUSCH, INC.	
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Principal Place of Business 7341 SW 18TH STREET PLANTATION, FL 33317	Mailing Address 7341 SW 18TH STREET PLANTATION, FL 33317
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DO NOT WRITE IN THIS SPACE



06032004 No Chg-P CR2E034 (10/03)

4. FEI Number 03-0480594	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

**MUSCH, JOELLEN A
7341 SW 18TH STREET
PLANTATION, FL 33317**

**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 _____ (NOTE: Registered Agent signature required when reinstating)
Signature, typed or printed name of registered agent and title if applicable. DATE _____

FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MUSCH, JOELLEN A 7341 SW 18TH STREET PLANTATION, FL 33317
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06/07/04-80003-013 150.00

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 *Joellen A. Musch* **Joellen A. Musch** *6/4/04*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Mo Phone #