

**2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Apr 30, 2004 8:00 am**  
**Secretary of State**

04-30-2004 90307 038 \*\*\*150.00

**DOCUMENT # P02000098616**  
 1. Entity Name  
**J & P KHOURY ENTERPRISES, INC.**



Principal Place of Business: **260 WESTSHORE PLAZA BOULEVARD TAMPA FL 33609**  
 Mailing Address: **197 SAND DOLLAR ROAD INDIALANTIC FL 32903**



MOORE CR2E034 (11/03)

2. Principal Place of Business: **197 Sand Dollar Road**  
 Suite, Apt. #, etc.

3. Mailing Address: **197 Sand Dollar Road**  
 Suite, Apt. #, etc.

City & State: **Indialantic, FL**  
 Zip: **32903** Country: **USA**

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 Zip: **32903** Country: **USA**

4. FEI Number: **76-0712629**  
 Applied For:  Not Applicable

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

6. Name and Address of Current Registered Agent  
**KHOURY, PETER A**  
**260 WESTSHORE PLAZA BOULEVARD**  
**TAMPA FL 33609**

7. Name and Address of New Registered Agent  
 Name: **Peter A Khoury**  
 Street Address (P.O. Box Number is Not Acceptable): **197 Sand Dollar Road**  
 City: **Indialantic, FL** Zip Code: **32903**

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: *Peter A Khoury* **Peter A Khoury** **4/27/04** ~~5/27/04~~  
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**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution:  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	KHOURY, JOHN A	
STREET ADDRESS	197 SAND DOLLAR ROAD	
CITY-ST-ZIP	INDIALANTIC FL 32903	
TITLE	V	<input type="checkbox"/> Delete
NAME	KHOURY, AMAL M	
STREET ADDRESS	197 SAND DOLLAR ROAD	
CITY-ST-ZIP	INDIALANTIC FL 32903	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 like empowered.

SIGNATURE: *John A Khoury* **John A Khoury** **04/27/04** **321-433-5632**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #