

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 19, 2004 8:00 am**  
**Secretary of State**

04-19-2004 90236 005 \*\*\*150.00

**DOCUMENT # P03000007514**

1. Entity Name

KCJM INC



Principal Place of Business

1114 BERKLEY ROAD  
AUBURNDALE FL 33823-2561

Mailing Address

1114 BERKLEY ROAD  
AUBURNDALE FL 33823-2561

2. Principal Place of Business

2105 US HWY 92  
Suite, Apt. #, etc.

3. Mailing Address

2105 US HWY 92  
Suite, Apt. #, etc.

City & State

Auburndale, FL 33823

City & State

Auburndale FL

Zip

33823 POIK

Zip

33823 POIK

4. FEI Number

65-1168957

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

JOSEPH, JACOB  
1114 BERKLEY ROAD  
AUBURNDALE FL 33823-2561

7. Name and Address of New Registered Agent

Name JACOB Joseph  
Street Address (P.O. Box Number is Not Acceptable)  
2105 US HWY 92  
City AUBURNDALE FL Zip Code 33823

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 JACOB Joseph

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/10/04

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	JACOB, JOSEPH	
STREET ADDRESS	1114 BERKLEY ROAD	
CITY-ST-ZIP	AUBURNDALE FL 33823-2561	
TITLE	VP	<input type="checkbox"/> Delete
NAME	KUZHIPARAMBIL, JOSEPH C	
STREET ADDRESS	1114 BERKLEY ROAD	
CITY-ST-ZIP	AUBURNDALE FL 33823-2561	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JACOB Joseph	
STREET ADDRESS	2105 US HWY 92	
CITY-ST-ZIP	Auburndale, FL 33823	
TITLE	VP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Joseph C Kuzhiparambil	
STREET ADDRESS	2105 US HWY 92	
CITY-ST-ZIP	Auburndale, FL 33823	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JACOB Joseph (PRESIDENT) 4/10/04 863-967-7929

Date

Daytime Phone #