

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 19, 2004 8:00 am
Secretary of State

02-19-2004 90012 010 ***150.00

DOCUMENT # P03000024940

1. Entity Name
JUSTIN ILLUSION INC.



Principal Place of Business
**18834 SW 29TH COURT
MIRAMAR, FL 33029**

Mailing Address
**18834 SW 29TH COURT
MIRAMAR, FL 33029**

04000031



2. Principal Place of Business
4908 ELON CRESCENT
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.
4908 ELON CRESCENT

02022004 Chg-P CR2E034 (10/03)

City & State
LAKELAND, FL
Zip
33810
Country
U.S.A.

City & State
LAKELAND, FL
Zip
33810
Country
U.S.A.

4. FEI Number
81-0626651
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

~~ISACK, JUSTIN~~
~~18834 SW 29TH COURT~~
~~MIRAMAR, FL 33029~~

ISACK, Justin
4908 ELON CRESCENT,
LAKELAND, FL
33810, U.S.A.

7. Name and Address of New Registered Agent

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
ISACK, JUSTIN
18834 SW 29TH COURT
MIRAMAR, FL 33029 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
ISACK, Justin.
4908 ELON CRESCENT
LAKELAND, FL 33810 ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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:

J. ISACK

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8th FEB 04

Date

863-816-9939

Daytime Phone #