


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 04, 2004 8:00 am
Secretary of State

06-04-2004 90001 036 ***150.00

DOCUMENT # P03000041232			
1. Entity Name JEANETTE M. JENNER, P.A.			
Principal Place of Business 897 SOUTHEAST 13TH ROAD HOMESTEAD, FL 33037		Mailing Address 897 SOUTHEAST 13TH ROAD HOMESTEAD, FL 33037	
2. Principal Place of Business		3. Mailing Address P.O. Box 901484	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State Homestead FL	
Zip	Country	Zip	Country
33090		33090	
6. Name and Address of Current Registered Agent RIEGLER, JAMES C/O FJR BUSINESS SERVICES, INC. 9002 SOUTHWEST 152ND STREET MIAMI, FL 33157		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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JENNER, JEANIE	NAME	
STREET ADDRESS	897 SOUTHEAST 13TH ROAD	STREET ADDRESS	
CITY-ST-ZIP	HOMESTEAD, FL 33037	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: <i>Jeanette M. Jenner</i>		5.28.04 305-987-5535	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

54056615



05142004 Chg-P CR2E034 (10/03)

4. FEL Number **58-2669467** Applied For ☐ Not Applicable ☐
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required