

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 12, 2004 8:00 am
Secretary of State

02-12-2004 90025 040 ***150.00

DOCUMENT # P03000060488

1. Entity Name

J & M PRODUCTS INC.



Principal Place of Business

92 N. CORTEZ DRIVE
MARGATE FL 33068
US

Mailing Address

92 N. CORTEZ DRIVE
MARGATE FL 33068
US

04000420



MOORE

CR2E034 (11/03)

2. Principal Place of Business

92 N. Cortez Drive

Suite, Apt. #, etc.

3. Mailing Address

92 N. CORTEZ DRIVE

Suite, Apt. #, etc.

City & State

Margate, FL

Zip
33068

Country
USA

City & State

Margate, FL

Zip
33068

Country
USA

4. FEI Number

72-1564743

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

USSERY, JOHN T SR.
92 N. CORTEZ DRIVE
MARGATE FL 33068

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

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	USSERY, JOHN T SR.	
STREET ADDRESS	92 N. CORTEZ DRIVE	
CITY - ST - ZIP	MARGATE FL 33068	

TITLE	VP	<input type="checkbox"/> Delete
NAME	FAUP, MARA L	
STREET ADDRESS	92 N. CORTEZ DRIVE	
CITY - ST - ZIP	MARGATE FL 33068	

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
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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		

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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 T. USSERY SR 2/06/2004 954-957-2332

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #