

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 09, 2004 8:00 am
Secretary of State

03-09-2004 90031 012 ***158.75

DOCUMENT # P03000084220

1. Entity Name

T.J. COUPLES INC



Principal Place of Business

485 SPINNAKER
WESTON FL 33326
US

Mailing Address

485 SPINNAKER
WESTON FL 33326
US

2. Principal Place of Business

1273 NW 114 Ave
Suite, Apt. #, etc.

3. Mailing Address

1273 NW 114 Ave
Suite, Apt. #, etc.

City & State

Coral Springs, FL

City & State

Coral Springs, FL

4. FEI Number

65-0842015

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SONIN, LARRY M
485 SPINNAKER
WESTON FL 33326

7. Name and Address of New Registered Agent

Name **NEIDENBERG, SONORA M.**
Street Address (P.O. Box Number, is Not Acceptable)
1273 NW 114 AVE
City **CORAL SPRINGS** FL Zip Code **33071**

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 **SONORA M. NEIDENBERG**
Signature, typed or printed name of registered agent and title if applicable.

2/24/04
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** ☐ Delete
NAME **NEIDENBERG, SONORA**
STREET ADDRESS **1273 NW 114 AVE**
CITY-ST-ZIP **CORAL SPRINGS FL 33071**

TITLE **VP** ☐ Delete
NAME **KRAFT, FRAN**
STREET ADDRESS **7574 NW 70TH WAY**
CITY-ST-ZIP **PARKLAND FL 33067**

TITLE **VP** ☐ Delete
NAME **SONIN, MURIEL D**
STREET ADDRESS **485 SPINNAKER**
CITY-ST-ZIP **WESTON FL 33326**

TITLE **DIR** ☐ Delete
NAME **NEIDENBERG, JAY**
STREET ADDRESS **1273 NW 114 AVE**
CITY-ST-ZIP **CORAL SPRINGS FL 33071**

TITLE **DIR** ☐ Delete
NAME **KRAFT, WAYNE**
STREET ADDRESS **7574 NW 70TH WAY**
CITY-ST-ZIP **PARKLAND FL 33067**

TITLE **DIR** ☐ Delete
NAME **SONIN, LARRY M**
STREET ADDRESS **485 SPINNAKER**
CITY-ST-ZIP **WESTON FL 33326**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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: **SONORA M. NEIDENBERG**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/24/04 **954-969-9007**
Date Daytime Phone #