


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

9/22/2004-90001-016-\$150.00-\$150.00

10/2

DOCUMENT # P03000091312			
1. Entity Name MJB PARTNERS, INC.			
Principal Place of Business 1950 S UNIVERSITY DRIVE DAVIE, FL 33324-5846		Mailing Address 1950 S UNIVERSITY DRIVE DAVIE, FL 33324-5846	
2. Principal Place of Business 10220 Forest Hill Blvd		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Wellington FLA.		City & State	
Zip 33414	Country USA	Zip	Country
6. Name and Address of Current Registered Agent GUNN, MARSHALL D JR 4887 BELFORD ROAD-SUITE 201 JACKSONVILLE, FL 32256		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when consulting)</small>			
FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete BRENNAN, TIMOTHY J. 1067 TWIN BRANCH WESTON FLA. 33326	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete BRENNAN, KATHY LOREN 1067 TWIN BRANCH WESTON, FLA. 33326	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <u>Timothy J. Brennan</u>		Date: <u>9/14/04</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone: <u>954-423-0033</u>	

FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



09132004 Chg-P CR2E034 (10/03)

4. FEI Number  
20-0178203

Applied For  
Not Applicable

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

MM  
10/11/04