

2004 FOR PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 91009 021 \*\*\*150.00

**DOCUMENT # P03000104994**

1. Entity Name  
**J & M MORAN INDUSTRIES, INC.**



Principal Place of Business  
**124 SHORE COURT #210  
NORTH PALM BEACH, FL 33408**

Mailing Address  
**124 SHORE COURT #210  
NORTH PALM BEACH, FL 33408**

2. Principal Place of Business  
**11107 Green Bayberry Dr**  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.



04212004 Chg-P CR2E034 (10/03)

City & State  
**PALM BEACH GARDENS, FL**  
Zip  
**33410**  
Country  
**USA**

City & State  
Zip  
Country

4. FEI Number  
**20-0164935**  
Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**MORAN, JOHN D  
124 SHORE COURT #210  
NORTH PALM BEACH, FL 33408**

**7. Name and Address of New Registered Agent**

Name  
**MORAN, JOHN D.**  
Street Address (P.O. Box Number is Not Acceptable)  
**11107 Green Bayberry Drive**  
City  
**PALM BEACH GARDENS FL** Zip Code  
**33410**

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 *John D. Moran* *Maureen Moran* **4/28/04**  
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  
**P**  
**MORAN, JOHN D** ☒ Delete  
**124 SHORE COURT #210**  
**NORTH PALM BEACH, FL 33408**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**V**  
**MORAN, MAUREEN** ☒ Delete  
**124 SHORE COURT #210**  
**NORTH PALM BEACH, FL 33408**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
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  
**P**  
**MORAN, John D** ☒ Change ☐ Addition  
**11107 Green Bayberry Drive**  
**PALM BEACH GARDENS FL 33410**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**V**  
**MORAN, Maureen** ☒ Change ☐ Addition  
**11107 Green Bayberry Drive**  
**PALM BEACH GARDENS FL 33410**

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

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

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

TITLE  
NAME  
STREET ADDRESS  
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: *John D. Moran* *Maureen Moran* **4/28/04**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #