

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)


FILED
Apr 19, 2004 8:00 am
Secretary of State

04-05-2004 90416 039 ***150.00

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MOORE CR2E034 (11/03)

DOCUMENT # P03000145157			
1. Entity Name J&L FAMILY ENTERPRISES, INC.			
Principal Place of Business 275 WESTWOOD CIRCLE EAST WEST PALM BEACH FL 33411		Mailing Address 275 WESTWOOD CIRCLE EAST WEST PALM BEACH FL 33411	
2. Principal Place of Business 21667 State Rd 7		3. Mailing Address 21667 State Rd 7	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State BOCA RATON FLA		City & State BOCA RATON FLA	
Zip 33428		Zip 33428	
Country USA		Country USA	
4. FEI Number 200467202		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FARBER, ANDREW 20283 STATE ROAD 7 SUITE 300 BOCA RATON FL 33498		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agents signature required when reinstating)</small> 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. <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	D NAYLOR, JEFFREY 275 WESTWOOD CIRCLE, EAST WEST PALM BEACH FL 33411 <input type="checkbox"/> Delete	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	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> Date _____ Daytime Phone # _____			