

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90770 001 ***300.00

DOCUMENT # P19607

1. Entity Name
JOMALKA INCORPORATED



Principal Place of Business

P O BOX 10172
COCOA, FL 32927 US

Mailing Address

P O BOX 10172
COCOA, FL 32927 US

66415070



04222004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
91-1255692

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

PHILLIPS, MALCOLM J
3612 INDIAN RIVER DRIVE
COCOA, FL 32926

**DO NOT WRITE
IN THIS SPACE**

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

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	PHILLIPS, MALCOLM J.
STREET ADDRESS	3612 INDIAN RIVER DRIVE
CITY-ST-ZIP	COCOA, FL 32926
TITLE	D
NAME	PHILLIPS, ALICE L
STREET ADDRESS	3612 INDIAN RIVER DRIVE
CITY-ST-ZIP	COCOA, FL 32926
TITLE	D
NAME	PHILLIPS, JOHN D
STREET ADDRESS	3788 GALWAY CT
CITY-ST-ZIP	MERRITT ISLAND, FL 32953
TITLE	SD
NAME	PHILLIPS, KAREN L
STREET ADDRESS	455 WINONA LAKES
CITY-ST-ZIP	EAST STROUDSBURG, PA 18301
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #