

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 11, 2005 08:00 AM
Secretary of State

DOCUMENT # P94000007877

1. Entity Name
J. NISSI CORPORATION, INC.



Principal Place of Business
**1165 WEST 33RD STREET
RIVIERA BEACH, FL 33406 US**

Mailing Address
**PO BOX 2435
WEST PALM BEACH, FL 33402 US**



01052005 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0464524

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**FOWLER, MARY A
1165 W 33 ST
RIVIERA BCH, FL 33402**

**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 signatures required when renewing)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**000000299450
04/11/05-80106-012 158.75**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PTD
FOWLER, MARY A
PO BOX 2435
WEST PALM BEACH, FL 33402**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
ROBINSON, THOMAS
PO BOX 2435
WEST PALM BEACH, FL 33402**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
FOWLER, J
PO BOX 2435
W. PALM BEACH, FL 33402**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
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)(f), 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

Day/Time Phone #