

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 28, 2004 8:00 am**  
**Secretary of State**

05-28-2004 90003 013 \*\*\*550.00

**DOCUMENT # P94000041775**

1. Entity Name  
**THE J.R. HOFFMAN AGENCY/MARKETING  
COMMUNICATIONS, INC.**



Principal Place of Business  
**1056 HENRICKS AVE  
JACKSONVILLE, FL 32207 US**

Mailing Address  
**8853 SAN JOSE BLVD  
JACKSONVILLE, FL 32217 US**

**54055777**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03182003

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number

**59-3251719**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PRESSER, EDWIN  
8853 SAN JOSE BLVD  
JACKSONVILLE, FL 32217**

Name  
**HOWARD A. CAPLAN, ESQUIRE**

Street Address (P.O. Box Number is Not Acceptable)  
**6260-C DUPONT STATION COURT**

City  
**JACKSONVILLE**

**FL**

Zip Code  
**32217**

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

*Howard A. Caplan, President*

**5/24/04**

**FILE NOW!!! FEE IS \$550.00  
Due by September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME **P** ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP  
**HOFFMAN, JEFFREY R.  
1056 HENDRICKS AVE  
JACKSONVILLE, FL 32207**

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

TITLE  
NAME **ST** ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP  
**HOFFMAN, JEFFREY R  
1056 HENDRICKS AVE  
JACKSONVILLE, FL 32207**

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

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

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

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:

*Jeffrey R. Hoffman, President*

**5/27/04**

**904-558-9663**