

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 25, 2004 8:00 am
Secretary of State

03-25-2004 90036 015 ***150.00

DOCUMENT # P95000007835

1. Entity Name

F.J. MANAGEMENT CORPORATION



Principal Place of Business

**4419 HARBOR ISLAND DRIVE
JACKSONVILLE FL 32225**

Mailing Address

**4419 HARBOR ISLAND DRIVE
JACKSONVILLE FL 32225**

2. Principal Place of Business

821 Queens Harbour Blvd. Same

3. Mailing Address

Suite, Apt. #, etc.

1

City & State

Jacksonville, FL

City & State

Jacksonville, FL

4. FEI Number

NO-T APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**TREMBLAY, FRAZER
~~4419 HARBOR ISLAND DRIVE~~
JACKSONVILLE FL 32225**

821 Queens Harbour Blvd.

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

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

Make Check Payable to Florida Department of State

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
STREET ADDRESS
CITY-ST-ZIP
**P
TREMBLAY, FRAZER
~~4419 HARBOR ISLAND DRIVE~~ 821 Queens Harbour Blvd.
JACKSONVILLE FL 32225**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VPD
TREMBLAY, JACQUELINE
4419 HARBOR ISLAND DRIVE
JACKSONVILLE FL 32225**

☒ Delete

TITLE
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TREMBLAY, JACQUELINE
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/19/04

904 220 5383