


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2004 8:00 am
Secretary of State

03-22-2004 90024 019 ***150.00

DOCUMENT # P95000011644	
1. Entity Name JON ILOMAKI, INC.	

Principal Place of Business 6770 LANTANA ROAD STE 1 & 2 LAKE WORTH, FL 33467	Mailing Address 6770 LANTANA ROAD STE 1 & 2 LAKE WORTH, FL 33467
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54020232



2. Principal Place of Business 1525 North "O" St.	3. Mailing Address 1525 North "O" St.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

03082004 Chg-P CR2E034 (10/03)

City & State LAKE WORTH, FL	City & State LAKE WORTH, FL
Zip 33460	Zip 33460
Country PALM BCH.	Country PALM BCH.

4. FEI Number 65-0554975	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent ILOMAKI, PATRICIA L 6770 LANTANA ROAD STE 1 & 2 LAKE WORTH, FL 33467	7. Name and Address of New Registered Agent Name ILOMAKI, PATRICIA L. Street Address (P.O. Box Number is Not Acceptable) 1525 NORTH "O" STREET City LAKE WORTH FL Zip Code 33460
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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 Patricia L. Ilo MAKI VP/Pres/Sec. 3-18-04	DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V/T ILOMAKI, PATRICIA L 1525 NO. "O" STREET LAKE WORTH, FL 33460 <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	PD ILOMAKI, JON E 1525 NO. "O" STREET LAKE WORTH, FL 33460 <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
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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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

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: Patricia L. Ilo MAKI 3/18/04 561-586-0599	DATE Daytime Phone #

PATRICIA L. ILOMAKI