


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 02, 2004 8:00 am**  
**Secretary of State**

03-02-2004 90039 008 \*\*\*150.00

DOCUMENT # P95000016819	
1. Entity Name J.R. TRESSER, INC.	

Principal Place of Business P.O. BOX 8301 CORAL SPRINGS, FL 33075	Mailing Address P.O. BOX 8301 CORAL SPRINGS, FL 33075
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**DO NOT WRITE IN THIS SPACE**



02182004 No Chg-P CR2E034 (10/03)

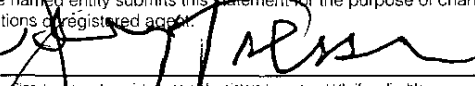
4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired. <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

TRESSER, JERRY  
~~2790 S. CARAMBOLA CIR~~  
~~COCONUT CREEK, FL 33066~~  
6214 NW 78 CT  
PARKLAND FL 33067

**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  DATE \_\_\_\_\_

(Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

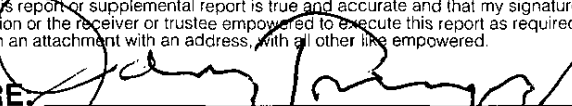
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PT TRESSER, LEAH <del>2790 S. CARAMBOLA CIR</del> <del>COCONUT CREEK, FL 33066</del> 6214 NW 78 CT PARKLAND FL 33067
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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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  DATE 2/20/04 DAYTIME PHONE # 9542273967

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR