

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2004 08:00 AM
Secretary of State

DOCUMENT # P97000038060	
1. Entity Name JLM STABLES, INC.	



Principal Place of Business 8675 HIDDEN RIVER PKY. TAMPA, FL 33637	Mailing Address 8675 HIDDEN RIVER PKY. TAMPA, FL 33637
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04062004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 58-2348087	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

STALSBERG, ESQ, MAXWELL
8675 HIDDEN RIVER PARKWAY
TAMPA, FL 33637

**DO NOT WRITE
IN THIS SPACE**

5. 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

000000116832
04/16/04-80082-002 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MACDONALD, JOHN L 8675 HIDDEN RIVER PKY. TAMPA, FL 33637
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST MOLINA, MICHAEL 8675 HIDDEN RIVER PKY. TAMPA, FL 33637
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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

4/6/04 813 632 3300

Date

Daytime Phone #