

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2004 8:00 am
Secretary of State

01-12-2004 90001 021 ***150.00

DOCUMENT # P97000059809

1. Entity Name
N7735J CORP.



Principal Place of Business
406 S. ORANGE AVE.
NEW SMYRNA BEACH, FL 32168

Mailing Address
406 S. ORANGE AVE.
NEW SMYRNA BEACH, FL 32168

2. Principal Place of Business
1032 Flying M. Court
Suite, Apt. #, etc.

3. Mailing Address
PO Box 427
Suite, Apt. #, etc.

City & State
Edgewater FL
Zip
32132
Country
USA

City & State
New Smyrna Bch. FL
Zip
32170
Country
USA



01082004 Chg-P CR2E034 (10/03)

4. FEI Number
59-3456936
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

JOHNSON, WALTER C
406 S. ORANGE AVE.
NEW SMYRNA BEACH, FL 32168

7. Name and Address of New Registered Agent

Name
Patrick A. Dannelly
Street Address (P.O. Box Number is Not Acceptable)
1032 Flying M. Court
City Edgewater FL Zip Code 32132

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 *Patrick A. Dannelly*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1-8-04
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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MASSEY, JOHN S 406 S. ORANGE AVE. NEW SMYRNA BEACH, FL 32168	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST JOHNSON, WALTER C 406 S. ORANGE AVE. NEW SMYRNA BEACH, FL 32168	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVT SDCM Patrick A. Dannelly 1032 Flying M. Court Edgewater, FL 32132	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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"/> 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: *Patrick A. Dannelly, President*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-8-04 386-409-9073
Date Daytime Phone #