


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2004 08:00 AM
Secretary of State

DOCUMENT # P98000001170	
1. Entity Name JMR & COMPANY, INC.	

Principal Place of Business 22341 COLLINGTON DRIVE BOCA RATON, FL 33428 US	Mailing Address P.O. BOX 970524 BOCA RATON, FL 33497 US
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DO NOT WRITE IN THIS SPACE



04172004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0803871	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

SALZMAN, LESLIE
 22341 COLLINGTON DRIVE
 BOCA RATON, FL 33428

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

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SALZMAN, LESLIE 22341 COLLINGTON DRIVE BOCA RATON, FL 33428
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SALZMAN, DICK 22341 COLLINGTON DRIVE BOCA RATON, FL 33428
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 04/19/04-80030-005 150.00

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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: Leslie Salzman 4-15-04 5614823531
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #