


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2004 08:00 AM
Secretary of State

DOCUMENT # P98000029478	
1. Entity Name JMUSLER, INC.	

Principal Place of Business 1621 NW 100TH AVE. OCALA, FL 34482	Mailing Address 1621 NW 100TH AVE. OCALA, FL 34482
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DO NOT WRITE IN THIS SPACE



03012004 No Chg-P CR2E034 (10/03)

4. FET Number 59-3505985	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent MUSLER, JOSEPH 1621 NW 100TH AVE. OCALA, FL 34482	
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**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 _____ (NOTE: Registered Agent sign here, required when re-registering) 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	U000000114234 04/15/04-80040-024 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D MUSLER, JOSEPH 1621 NW 100TH AVE. OCALA, FL 34482
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D MUSLER, JACQUELINE 1621 NW 100TH AVE OCALA, FL 34482
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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)(c) 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: *Josephine Musler* *Jacqueline Musler Secretary* *4/15/04*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR