

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Feb 26, 2004 08:00 AM
Secretary of State

DOCUMENT # P98000048848 1. Entity Name J & R HOOKER ENTERPRISE, INC.	
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Principal Place of Business 37615 SR 62 DUETTE, FL 33834	Mailing Address 8905 BUNKER HILL RD DUETTE, FL 33834
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02212004 No Chg-P CR2E034 (10/03)

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4. FCI Number 65-0854864	Applied For Not Application
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent WOODHAM, LENORA 8905 BUNKER HILL RD DUETTE, FL 33834

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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 the filer (above). (NOTE: Registered Agent signature required when reappointing)

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	U000000066844 02/26/04-80031-021 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY ST ZIP	P WOODHAM, LENORA 8905 BUNKER HILL RD DUETTE, FL 33834
TITLE NAME STREET ADDRESS CITY ST ZIP	VP WOODHAM, LARRY 8905 BUNKER HILL RD DUETTE, FL 33834
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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)(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: Lenora Woodham Lenora Woodham 2/22/04 941-776-0418
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR