


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 04, 2004 8:00 am**  
**Secretary of State**

03-04-2004 90004 016 \*\*\*150.00

<b>DOCUMENT # P98000092875</b> 1. Entity Name <b>JOMARO INVEST, INC.</b>			
Principal Place of Business <b>3511 CROWFUT CT BONITA SPRINGS FL 34134 US</b>		Mailing Address <b>3511 CROWFUT CT BONITA SPRINGS FL 34134 US</b>	
2. Principal Place of Business <b>6801 LAKE DEVONWOOD DRIVE</b> Suite, Apt. #, etc.		3. Mailing Address <b>6801 LAKE DEVONWOOD DRIVE</b> Suite, Apt. #, etc.	
City & State <b>FT. MYERS, FL.</b>		City & State <b>FT. MYERS, FL.</b>	
Zip <b>33908</b>	Country <b>LEE</b>	Zip <b>33908</b>	Country <b>LEE</b>
6. Name and Address of Current Registered Agent <b>WOLFF, ESQ., CASEY 801 ANCHOR RODE DR STE 203 NAPLES FL 34103</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>ZINSBERGER, JOSEF</b> <b>3881 WINDWARD PASSAGE CIR, UNIT F-201</b> <b>BONITA SPRINGS FL 34134</b>	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<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:** JOSEF ZINSBERGER 02-27-04 239-482-5552  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #