

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 03, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P99000023130**

1. Entity Name  
J.J. CADE, INC.



Principal Place of Business  
100 E. SYBELIA AVE. #130  
MAITLAND, FL 32751

Mailing Address  
100 E. SYBELIA AVE. #130  
MAITLAND, FL 32751



04292004 No Chg-P CR2E034 (10/03)

4. FEI Number  
53-9563020

Applied For  
Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

PEARLMAN, MEL  
2909 LAKEVIEW DR.  
FERN PARK, FL 32730

**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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstalling)

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**

000000146034  
05/03/04 00049 000 150.00

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
D  
RYAN, DENNIS M  
100 E. SYBELIA AVE. #130  
MAITLAND, FL 32751

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
D  
RYAN, JOSEPH  
71 OAKLAND AVE.  
MILLER PLACE, NY 11764

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
D  
RYAN, JENNIFER  
962 VAN BUREN AVE.  
FRANKLIN SQUARE, NY 11010

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**DO NOT WRITE  
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)(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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/04

Date

407-740-7311

Daytime Phone #