2004 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Feb 06, 2004 08:00 AM
Secretary of State

DOCUMENT # P99000054649

1. Entity Name
MJJQ INCORPORATED

Principal Place of Business	Mailing Address
P O BOX 2481 CRYSTAL RIVER, FL 34423	P O BOX 2481 CRYSTAL RIVER, FL 34423

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02032004 No Chg-P CR2E034 (10/03)

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4. FEI Number
59-3589286
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MUMFORD, JANN S
110 SW 5TH TERRACE
CRYSTAL RIVER, FL 34429

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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: Jann S Mumford 2-05-04
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 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

10.	OFFICERS AND DIRECTORS
TITLE	P
NAME	QUEEN, MICHELE
STREET ADDRESS	2739 MONT CHATEAU AVE
CITY-ST-ZIP	CINCINNATI, OH 45244
TITLE	V
NAME	GILSON, JCYTE B
STREET ADDRESS	1040 N STONEY POINTE
CITY-ST ZIP	CRYSTAL RIVER, FL 34429
TITLE	ST
NAME	MUMFORD, JANN S
STREET ADDRESS	PO BOX 2481
CITY-ST-ZIP	CRYSTAL RIVER, FL 34423
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Michele Queen 2-05-04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #