


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 12, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P99000065727**

1. Entity Name  
**J.C.M. & M. ENDEAVORS, INC.**



Principal Place of Business  
**P.O. BOX 60095  
 FORT MYERS, FL 33906-6095**

Mailing Address  
**P.O. BOX 60095  
 FORT MYERS, FL 33906-6095**

**DO NOT WRITE IN THIS SPACE**



02022004 No Chg-P CR2E034 (10/03)

4. FEI Number  
**59-3600898** Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**COOK, J. HARRIS  
 7510 RIDGE ROAD  
 PORT RICHEY, FL 34668**

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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 *J. Harris Cook* DATE **2/9/04**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**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 NAME STREET ADDRESS CITY-ST-ZIP	P DAVIS, JAMES H 14000 SHIMMERING LAKE COURT FORT MYERS, FL 33907
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DAVIS, CLARA E 14000 SHIMMERING LAKE COURT FORT MYERS, FL 33907
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DAVIS, MATTHEW P 7914 LEOTA LANE NEW PORT RICHEY, FL 34653
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST DAVIS, MELISSA A 12415 BERKELEY SQ DR TAMPA, FL 32626
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

100000048187  
 02/12/04-80070-015 150.00

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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 five empowered.

SIGNATURE: *J. Harris Cook* **02-08-04** **239-931-6700**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #