


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 07, 2005 8:00 am
Secretary of State

02-07-2005 90065 045 ***150.00

DOCUMENT # P99000110611
 1. Entity Name
MJR CONSULT CORP.



Principal Place of Business Mailing Address
940 CHALMER DR **940 CHALMER DR**
MARCO ISLAND FL 34145 **MARCO ISLAND FL 34145**

2. Principal Place of Business 3. Mailing Address
7879 PLAYERS ST **7879 PLAYERS ST.**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
NAPLES, FL **NAPLES, FL**

Zip Country Zip Country
34113 **U.S.A.** **34113** **U.S.A.**



1st MOORE CR2E034 (10/04)

4. FEI Number Applied For
59-3614766 Not Applicable

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

6. Name and Address of Current Registered Agent
ROACH, BARBARA G
871 COLLIER CT 2A
MARCO ISLAND FL 34145

7. Name and Address of New Registered Agent
 Name **ROACH BARBARA G.**
 Street Address (P.O. Box Number is Not Acceptable) **7879 PLAYERS ST.**
 City **NAPLES, FL** Zip **34113**

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 *Barbara G. Roach* **BARBARA G ROACH** **1/29/05**
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, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing \$5.00 May Be Added to Fees
 Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	ROACH, MICHAEL J	
STREET ADDRESS	940 CHALMER DR	
CITY-ST-ZIP	MARCO ISLAND FL 34145	
TITLE	ST	<input type="checkbox"/> Delete
NAME	ROACH, BARBARA G	
STREET ADDRESS	871 COLLIER CT., 2A	
CITY-ST-ZIP	MARCO ISLAND FL 34145	
TITLE	PD	<input type="checkbox"/> Delete
NAME	ROACH, MICHAEL J	
STREET ADDRESS	940 CHALMER DR	
CITY-ST-ZIP	MARCO ISLAND FL 34145	
TITLE	STD	<input type="checkbox"/> Delete
NAME	ROACH, BARBARA G	
STREET ADDRESS	871 COLLIER CT., 2A	
CITY-ST-ZIP	MARCO ISLAND FL 34145	
TITLE	D	<input type="checkbox"/> Delete
NAME	ESIALINE, GILBERT	
STREET ADDRESS	709 AUGUSTA BLVD #3	
CITY-ST-ZIP	NAPLES FL 34113	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: *Michael J. Roach* **Michael J. ROACH** **1/29/05** **239. 755. 6891**
Signature and typed or printed name of signing officer or director Date Daytime Phone #