2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # S01903  1. Entity Name  JERRY & JOE'S MARKETPLACE, INC.							Apr 22, 2004 ( Secretary of	04 08:00 AM y of State		
Principal Place of Business Mailing Address  3855 NORTHLAKE BLVD. WEST PALM BEACH FL 33403 WEST PALM BEACH FL 33403										
2. Principal Place of Business				3. Mailing Address						
Suite, Apt. #, etc				Suite, Apt. #, etc				MOORE CR2E0	34 (11/03)	
City & State				City & State			4.	65-0219873		Applied For Not Applicable
Zip	Country			Zip Cou		ntry		5. Certificate of Status Desired \$8.75 Additional Fee Required		
Name and Address of Current Registered Agent						Name	7.	Name and Address of New Registere	d Agent	
SC/ 385			Street Address	(P.O.	Box Number is Not Acceptable)					
44E	31 FALM	BEACH FL 33403				City			Zip Co	ode
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 again 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 \$5.00 May Be Trust Fund Contribution.  Added to Fees										.00 May Be ed to Fees
Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS 11.								ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	DC IN 11
TITLE	PD	OFFICERS AND	DIRECTO!	Delete	TIRL			ADDINONS/ CHANGES TO OF TOLLIS A	Change	
NAME STREET ADDRESS CITY-ST-ZIP	3855 NORTHLAKE BLVD.					ET AODRESS -SI-ZIP		U00000125530 04/22/04-60068-	020 150	.00.
TITLE	ST	IN BEACH? 2 30400		☐ Delete	TAL				☐ Change	: Addition
name Street address	SCALISI, JOSEPH M. 3855 NORTHLAKE BLVD.					E Et address				
CITY-ST-ZIP	WEST PALM BEACH FL 33403					-51-239			Change	Addition
NAME	SCALISI,	L YNOHTN		☐ Delete	TITL	1			C3 Change	Addition
STREET ADORESS CITY+ST-ZIP	1	ER LANE, #21 I BEACH FL 33436				TT ADDRESS -ST-ZIP				
TITLE	301,4101	ELACITI E COTOC		☐ Delete	TITL	E			☐ Change	Addition
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CITY-ST-ZIP					CITY	-ST-ZIP				
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NAME				- OPERS	NAM	E				
STREET ADDRESS GITY-ST-ZIP					•	ET ADDRESS -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 life empowered.  SIGNATURE:  Tosph m-Scalisi 4-30-04  510-634-337										
SIGNATURE: SIGNATURE: SUBJECT OR DISTRICT MASS OR SUBJECT OR DISSECTION DATE OF SIGNATURE DATE OF SUBJECT OR DISSECTION DATE OF SUBJECT OR DATE OF										

**FILED**