


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 28, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # V05167**  
 1. Entity Name  
**J&M ENTERPRISES OF NORTH FLORIDA, INC.**



Principal Place of Business      Mailing Address  
 15 WINDERMERE COURT, NW      15 WINDERMERE COURT, NW  
 FT WALTON BEACH, FL 32547-1611 US      FT WALTON BEACH, FL 32547-1611 US

**DO NOT WRITE IN THIS SPACE**



01172004    No Chg-P    CR2E034 (10/03)

4. FEI Number      Applied For  
**59-3101647**      Not Applicable

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

6. Name and Address of Current Registered Agent  
 MCMANUS, MARGARET L.  
 15 WINDEMERE COURT, NW  
 FT WALTON BEACH, FL 32547

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
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 \$350.00**

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	MCMANUS, MARGARET L
STREET ADDRESS	15 WINDEMERE COURT, NW
CITY-ST-ZIP	FT. WALTON BEACH, FL 32547
TITLE	V
NAME	MCMANUS, JOHN
STREET ADDRESS	15 WINDEMERE COURT, NW
CITY-ST-ZIP	FT WALTON BEACH, FL 32547
TITLE	T
NAME	HERRICK, ARLO A.
STREET ADDRESS	47 WARWICK DR
CITY-ST-ZIP	SHALIMAR, FL 32579
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

U00000134734  
 04/28/04-80031-015 150.00

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: Margaret P. McManus      4/26/04      850-863-5511  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #