2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2004
Secretary of State

DOCUMENT# V14378

Entity Name: M.J.R.S. ENTERPRISES, INCORPORATED

Current Principal Place of Business:

306 BAYSHORE DRIVE
NICEVILLE, FL 32578 US

New Principal Place of Business:

Current Mailing Address:

144 SOUTH 3RD STREET
APT 627
SAN JOSE, CA 95112 US

New Mailing Address:

FEI Number: 59-3142196 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

STRICKLAND, ROGER
1624 18TH STREET
NICEVILLE, FL 32578 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: VP ( ) Delete
Name: STRICKLAND, MARK,
Address: 2419 ORNEAN DRIVE
City-St-Zip: NICEVILLE, FL 32578

Title: PC ( ) Delete
Name: GEMIGNANI, JANIS,
Address: 144 S THIRD ST # 627
City-St-Zip: SAN JOSE, CA 95112

Title: ST ( ) Delete
Name: STRICKLAND, ROGER,
Address: 1624 18TH STREET
City-St-Zip: NICEVILLE, FL

Title: D ( ) Delete
Name: MARIE F. STRICKLAND,
Address: 2419 DUNCAN DR.
City-St-Zip: NICEVILLE, FL

Title: D ( ) Delete
Name: BARBARA STRICKLAND,
Address: 1624 18TH ST.
City-St-Zip: NICEVILLE, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP (X) Change ( ) Addition
Name: STRICKLAND, MARK,
Address: 640 CARR DRIVE
City-St-Zip: NICEVILLE, FL 32578

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change ( ) Addition
Name: MARIE F. STRICKLAND,
Address: 1624 18TH STREET.
City-St-Zip: NICEVILLE, FL

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JANIS P. GEMIGNANI PC 04/12/2004

Electronic Signature of Signing Officer or Director Date