


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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

**DOCUMENT # 488625**  
 1. Entity Name  
**JUDICIAL AND ADMINISTRATIVE RESEARCH ASSOCIATES, INC.**



Principal Place of Business      Mailing Address  
**JARA, INC.**  
 1327 NORTH ADAMS STREET, P O BOX 4284  
 TALLAHASSEE FL 32303      **JARA, INC.**  
 1327 NORTH ADAMS STREET, P O BOX 4284  
 TALLAHASSEE FL 32303

2. Principal Place of Business      3. Mailing Address  
 Suite, Apt. #. etc      Suite, Apt #. etc  
 City & State      City & State  
 Zip      Country      Zip      Country



**6. Name and Address of Current Registered Agent**  
**YOUNG, E. NEIL**  
 1327 NORTH ADAMS STREET  
 TALLAHASSEE FL 32303

4. FEI Number **59-1632256**      Applied For  
 Not Applicable  
 5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

**7. Name and Address of New Registered Agent**  
 Name  
 Street Address (P O. Box Number is Not Acceptable)  
 City      **FL**      Zip Code

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 \$550.00**  
**Make Check Payable to Florida Department of State**

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

**10. OFFICERS AND DIRECTORS**

TITLE	P	<input type="checkbox"/> Delete
NAME	YOUNG, EMMETT N.	
STREET ADDRESS	2876 KILKIORANE DR	
CITY-ST-ZIP	TALLAHASSEE FL 32309	
TITLE	S	<input type="checkbox"/> Delete
NAME	YOUNG, SHARON	
STREET ADDRESS	2876 KILKIORANE DR	
CITY-ST-ZIP	TALLAHASSEE FL 32309	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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	U00000017213	
CITY-ST-ZIP	01/28/04-80085-016 150.00	
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
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:** *Emmett N. Young*      **Emmett N. Young**      *1/27/04*      **850-722-3171**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #