

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F53201

Entity Name: JAYSON CONCEPTS, INC.

FILED
Feb 17, 2005
Secretary of State

Current Principal Place of Business:

115 VISTA BLVD
ARDEN, NC 28704 US

New Principal Place of Business:

Current Mailing Address:

115 VISTA BLVD
ARDEN, NC 28704 US

New Mailing Address:

FEI Number: 59-2131056

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PFAFFENBERGER, W J
11780 US #1, SUITE 300
NORTH PALM BEACH, FL 33408 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: PD () Delete
Name: STINGEL, FREDERICK J
Address: 21 CEDAR HILL DRIVE
City-St-Zip: ASHEVILLE, NC 28803

Title: STD () Delete
Name: STINGEL, JANET S
Address: 21 CEDAR HILL DRIVE
City-St-Zip: ASHEVILLE, NC 28803

Title: VP () Delete
Name: STINGEL, JOHN III
Address: 614 HOLT LANE
City-St-Zip: ASHEVILLE, NC 28803

Title: V () Delete
Name: STINGEL, JEFF W
Address: 115 VISTA BLVD
City-St-Zip: ARDEN, NC 28704

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

Title: V (X) Change () Addition
Name: STINGEL, JEFF W
Address: 1903 BEARBERRY LANE
City-St-Zip: ARDEN, NC 28704

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: JANET S. STINGEL

TREA

02/17/2005

Electronic Signature of Signing Officer or Director

Date