

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 26, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # F78400**

1. Entity Name  
**ORGANIZED JUNGLE, INC.**



Principal Place of Business  
**823 N. PENNSYLVANIA AVE  
WINTER PARK, FL 32789 US**

Mailing Address  
**P.O. BOX 126  
WINTER PARK, FL 32790 US**

**DO NOT WRITE IN THIS SPACE**



01222004 No Chg-P GR2E034 (10/03)

4. FEI Number  
**59-2182467**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**DAVIDSON, SUE ELLEN  
1619 QUEENSWAY ROAD  
ORLANDO, FL 32808**

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when registering)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	PD
NAME	DAVIDSON, SUE
STREET ADDRESS	1619 QUEENSWAY ROAD
CITY-STATE-ZIP	ORLANDO, FL
TITLE	V
NAME	DAVIDSON, SUSAN
STREET ADDRESS	428 BAY POINT DR. NORTH
CITY-STATE-ZIP	JACKSONVILLE, FL 32259
TITLE	ST
NAME	TANNER, MAURA
STREET ADDRESS	64 KANTAGREE TRAIL
CITY-STATE-ZIP	OSTEEN, F
TITLE	V
NAME	CRAWFORD, KATHRYN S
STREET ADDRESS	4512 HIDDEN OAK CT.
CITY-STATE-ZIP	ORLANDO, FL 32804
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

000000013459  
01/26/04-80054-015 158.75

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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:**

*Sue Ellen Davidson*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/22/04

Date

(407)599-9880

Daytime Phone #