

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L49412

FILED  
Apr 16, 2004  
Secretary of State

Entity Name: JACQUIE ROEHL, INC.

**Current Principal Place of Business:**

JACQUIE ROEHL  
8237 SHADE TREE CT  
JACKSONVILLE, FL 32256 US

**New Principal Place of Business:**

**Current Mailing Address:**

502 GOLDEN POND COURT  
JACKSONVILLE, FL 32259 US

**New Mailing Address:**

FEI Number: 65-0171178

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ROEHL, JACQUIE  
9375 SW 185 STREET  
MIAMI, FL 33157

**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: D ( ) Delete  
Name: ROEHL, JACQUELYN F.,  
Address: 8237 SHADE TREE CT  
City-St-Zip: JACKSONVILLE, FL 32256

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D (X) Change ( ) Addition  
Name: ROEHL, JACQUELYN F.,  
Address: 502 GOLDEN POND CT.  
City-St-Zip: JACKSONVILLE, FL 32259 US

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: JACQUELYN R FRANZ

PRES

04/16/2004

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date