2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 25, 2005 8:00 am
Secretary of State
03-25-2005 90040 033 ***150.00

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DOCUMENT # M83276

1. Entity Name
JIFFY JUMP OF SOUTHEAST, INC.

3/119

Principal Place of Business
~~3107~~ SPRING GLEN RD. SUITE ~~213~~ 119
JACKSONVILLE, FL 32207

Mailing Address
3168 ~~3107~~ SPRING GLEN RD. SUITE ~~213~~ 119
JACKSONVILLE, FL 32207

03172005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
3119 SPRING GLEN RD.	3119 SPRING GLEN RD.
Suite, Apt. #, etc.: 119	Suite, Apt. #, etc.: 119
City & State: JACKSONVILLE FL	City & State: JACKSONVILLE FL
Zip: 32207 Country: US	Zip: 32207 Country: US

4. FEI Number: 59-2895563 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

BLATTNER, IRMA W
~~3107~~ 3119 SPRING GLEN RD. SUITE ~~213~~ 119
JACKSONVILLE, FL 32207
3119 SPRING GLEN RD SUITE 119

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 ______
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P WATTERSON, GERALD E., JR 3107 SPRING GLEN RD. SUITE JACKSONVILLE, FL 32207	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS BLATTNER, IRMA ~~3107~~ 3119 SPRING GLEN RD. SUITE ~~213~~ 119 JACKSONVILLE, FL 32207	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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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: Irma W. Blattner PRESIDENT 3/23/05 904-398-0045
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
IRMA W. BLATTNER