


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
May 02, 2005 08:00 AM
Secretary of State

DOCUMENT # N00000002350

1. Entity Name
JARTA, INC.



Principal Place of Business
**P.O. BOX 14384
TALLAHASSEE FL 32317**

Mailing Address
**P.O. BOX 14384
TALLAHASSEE FL 32317**

2. Principal Place of Business
Suite, Apt #, etc.

3. Mailing Address
Suite, Apt #, etc.

City & State

City & State

Zip Country Zip Country



1st MOORE CR2E037 (10/04)

4. FEI Number **59-3655862**

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**JIMENEZ, PATRICIA B
825 ASHLYN FOREST DR.
TALLAHASSEE FL 32303**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW: FEE IS \$61.25
Due By May 1, 2005**

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

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY- ST- ZIP	ED TILFORD, LILLIAN M 1595 LONNIE RD TALLAHASSEE FL 32308	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MD JIMENEZ, PATRICIA 3221 VARNELL DR. TALLAHASSEE FL 32309	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP	CD DANIELS, NANCY ESQ. 301 S. MONROE ST. STE 401 TALLAHASSEE FL 32301	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PD CLEAR, TODD 899 10TH AVE NEW YORK NY 10019	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D HAMPTON-WEBSTER, ADRIENNE 1014 B CORRIN DR. TALLAHASSEE FL 32311	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP	DT CARRINGTON, MERVYNN 2151 LAKE BROOKE DR TALLAHASSEE FL 32303	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY- ST- ZIP	U00000351559 05/02/05-80150-019 70.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 617, 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 *Lillian M Tilford* **Lillian M Tilford** **4-18-05** **856-8787670**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #