2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2005 8:00 am
Secretary of State
04-13-2005 90024 040 ****61.25

DOCUMENT # N98000005537

1. Entity Name
JCADS, INC.

20030711

Principal Place of Business	Mailing Address
6815 DAIRY RD. ZEPHYRHILLS, FL ~~33540~~ 33542-1629	6815 DAIRY RD. ZEPHYRHILLS, FL 33540

04012005 No Chg-NP CR2E037 (10/03)

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4. FEI Number
59-3530837
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

BAGGETT, JUDSON B
6815 DAIRY RD.
ZEPHYRHILLS, FL 33540

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

Filing Fee is $61.25
Due by May 1, 2005

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

10. OFFICERS AND DIRECTORS

TITLE	VD
NAME	BAGGETT, JUDSON
STREET ADDRESS	6815 DAIRY RD
CITY-ST-ZIP	ZEPHYRHILLS, FL ~~33540~~ 33542-1629
TITLE	TD
NAME	KELLY, ALLAN
STREET ADDRESS	2623 ROBERTSON TRAIL
CITY-ST-ZIP	LUTZ, FL 33540
TITLE	D
NAME	MCGAVERN, CECIL G JR
STREET ADDRESS	39132 7TH AVE
CITY-ST-ZIP	ZEPHYRHILLS, FL 33540
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 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: Judson B. Baggett 4-8-05 (813) 788-2155
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #