


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 02, 2004 8:00 am**  
**Secretary of State**

02-02-2004 90035 007 \*\*\*150.00

**DOCUMENT # P01000029067**

1. Entity Name  
**JA VISUAL, INC.**



Principal Place of Business      Mailing Address

**5900 NE 62ND CT RD.  
 SILVER SPRINGS, FL 34488**      **5900 NE 62ND CT RD.  
 SILVER SPRINGS, FL 34488**

2. Principal Place of Business      3. Mailing Address

**1970 SE 73 Loop**      **1970 SE 73<sup>rd</sup> Loop**

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State


**Ocala, FL**      **Ocala, FL**

Zip      Zip      Country      Country

**34480**      **34480**      **USA**      **USA**

6. Name and Address of Current Registered Agent

**REICHERT, APRIL L  
 5807 NE 62ND CT RD  
 SILVER SPRINGS, FL 34488**



01292004      Chg-P      CR2E034 (10/03)

4. FEI Number      Applied For

**59-3707622**      Not Applicable

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

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 \$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				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	<b>P</b>	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>REICHERT, APRIL L</b>			NAME			
STREET ADDRESS	<b>5807 NE 62ND CT RD</b>			STREET ADDRESS			
CITY-ST-ZIP	<b>SILVER SPRINGS, FL 34488</b>			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

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 April L. Reichert      Date 1/29/04      Daytime Phone # 352-812-6861

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR