## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## **FILED** Feb 23, 2004 08:00 AM **Secretary of State** DOCUMENT # F 02000020640 JEDI PROPERTY MANAGEMENT SERVICES, INC. Principal Place of Business Mailing Address 400 COPPERSTONE CIRCLE 400 COPPERSTONE CIRCLE CASSELBERRY, FL 32707 CASSELBERRY, FL 32707 01062004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 03-0434262 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DARLING, JANICE E DO NOT WRITE 400 COPPERSTONE CIR CASSELBERRY, FL 32707 IN THIS SPACE 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, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE DARLING, JANICE E NAME 1/00000061707 1/2/23/04-80092-007 150.00 STREET ADDRESS 400 COPPERSTONE CIR CITY-ST-ZIP CASSELBERRY, FL 32707 TITLE NAME

## DO NOT WRITE IN THIS SPACE

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 life

**SIGNATURE:** 

STREET ADDRESS CITY-ST-ZIP TOLE NAME STREET ADDRESS

CRY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

JRE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO