

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 23, 2004 8:00 am
Secretary of State

08-23-2004 90017 008 ***550.00

DOCUMENT # P02000042916 1. Entity Name THE JASZ GROUP II, INC.					
Principal Place of Business 4222 BAY VIEW DRIVE FERNANDINA BEACH, FL 32034			Mailing Address 4222 BAY VIEW DRIVE FERNANDINA BEACH, FL 32034		
2. Principal Place of Business 96080 BAY VIEW DRIVE			3. Mailing Address 96080 BAY VIEW DRIVE		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State FERNANDINA BEACH, FL			City & State FERNANDINA BEACH, FL		
Zip 32034			Zip 32034		
Country US			Country US		
6. Name and Address of Current Registered Agent WARD, JEANNE COOK 96080 BAY VIEW DR. FERNANDINA BEACH, FL 32034			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 \$550.00 Due by September 8, 2004		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	D WARD, JEANNE COOK 4222 BAY VIEW DRIVE FERNANDINA BEACH, FL 32034	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/S/T WARD, JEANNE COOK 96080 BAY VIEW DRIVE FERNANDINA BEACH, FL 32034	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SATTERFIELD, SUSAN C 4222 BAY VIEW DRIVE FERNANDINA BEACH, FL 32034	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/P SATTERFIELD, SUSAN C. 96080 BAY VIEW DRIVE FERNANDINA BEACH, FL 32034	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARSON, CHRISTOPHER R 49 SANDRA DRIVE JACKSONVILLE BEACH, FL 32250	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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 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:			8-19-04 9044918354		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Jeanne Cook Ward			Date Daytime Phone #		