2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Sep 03, 2004 8:00 am Secretary of State

AITITUAL		<u> </u>		SCCICIA	II Y UI DI	au	
DOCUMENT # P03000047941 1. Entity Name JOLLY ENTERPRISES, INC.				09-03-2004 90004 020 ***150.00			
Principal Place of Business 3111 SNAPPER STREET JACKSONVILLE, FL 32246	Mailing Address 3111 SNAPPER STREET JACKSONVILLE, FL 32246			24083431			
1 18 21	- Martine Anna Carlo						
2. Principal Place of Business 3. Mailing Address 3. Mailing Address 311/5 napper St					<u> </u>		
Suite, Apt. #, etc. 1 4	Suite, Apt. #, etc.		08112004	Chg-P	CR2E034 (10/03)	•	
1 City & State wille	City & State		4. FEI Number	3 1992	· — <u>ii</u>	plied For t Applicable	
32277 Dulal	Zip	Country		of Status Desired	\$8.75 Add		
6. Name and Address of Curren	<u> </u>	Sti Use 1	7. Name and	Address of New Re			
JOLLY, PAULIN		PAUL Street Address	IN S.	er is Not Acceptable			
3111 SNAPPER STREET JACKSONVILLE, FL 32246				er st			
1		City	fon Nill	c P	FL 2 Zip Code		
8. The above named ontity submits this statement f	or the purpose of changing its re	egistered office or regist	tered agent, or bo	th, in the State of Flori	ינוווייי	and accept	
the obligations of egistered agent.				8 20	SAR	L	
SIGNATURE Signature, type or printer name of registered agen	and title if applicable. (NOTE:	Registered Agent signature requi	red when reinstating)		DATE	+	
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004	9. Election Campaig Trust Fund Contrib		5.00 May Be dded to Fees	In accordance wi corporation did n	th s. 607.193(2)(b); ot receive the prior r	F:S;; the=== notice.	
10. OFFICERS AND		11.	ADDITIONS/	CHANGES TO OFFIC	CERS AND DIRECTORS	S IN 11	
NAME OUI Snet Dar	PRESI de Difference	NAME			L_ Change	Modition	
STREET ADDRESS AND	146	STREET ADDRESS CITY-ST-ZIP				r	
HILE TREASURON NAME ZILIANE JOHN	☐ Delete	TITLE NAME			☐ Change	Addition	
STREET ADDRESS 3111 Snapper 5	31	STREET ADDRESS		•			
CITY-ST-ZIP JAX FC 3	1240	CITY-ST-ZIP		~	Change	Addition	
NAME STREET ADDRESS	11 -	NAME STREET ADDRESS					
CITY-ST-ZIP SISTEMA	lder'	CITY-ST-ZIP					
NAME MISTO Prellie	ST Delete	TITLE NAME ,			☐ Change	Addition	
CITY-ST-ZIP JAX FL3221	0	STREET ADDRESS CITY-ST-ZIP					
TITLE NAME	☐ Delete	TITLE NAME			☐ Change	Addition	
STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP			*		
TITLE	☐ Delele	TITLE			☐ Change	Addition	
NAME STREET ADDRESS		NAME STREET ADDRESS			4		
CITY-ST-ZIP 12. I hereby certify that the information supplied w	th this fundowald qualify facility	CITY-ST-ZIP	Section 110 07/01/	i) Elorido Ct-t-t 11	with a small first and the		
12. I hereby certify that the information supplied with this first toe that 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 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 of tractifie 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 air open like empowered.							
SIGNATURE: PAULIN S. JULIN 8/20/2004(904) 5365596 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTORY Dayling Phone #							