


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 31, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000105461
1. Entity Name
JEFGAR PROPERTY MANAGEMENT, INC.



Principal Place of Business Mailing Address
7511 OVERLOOK DRIVE 7511 OVERLOOK DRIVE
LAKE WORTH, FL 33467 US LAKE WORTH, FL 33467 US



DO NOT WRITE IN THIS SPACE

05252005 No Chg-P CR2E034 (10/03)
4. FEI Number Applied For
56-2399145 Not Applicable
5. Certificate of Status Desired \$8.75 Additional
Fees Required

6. Name and Address of Current Registered Agent
SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
Due by September 7, 2005** 9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	PTD
NAME	GELLMANN, JEFFREY P
STREET ADDRESS	7511 OVERLOOK DRIVE
CITY - ST - ZIP	LAKE WORTH, FL 33467
TITLE	VSD
NAME	GELLMANN, NORBERT G
STREET ADDRESS	7511 OVERLOOK DRIVE
CITY - ST - ZIP	LAKE WORTH, FL 33467
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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05/31/05-80005-010 150.00

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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 like empowered.

SIGNATURE: Norbert Gray Gellmann Vice President 561 818 1655
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #