


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2006 8:00 am
Secretary of State

04-05-2006 90150 040 ***150.00

DOCUMENT # P05000039694

1. Entity Name
JARED L. FORT CORP



Principal Place of Business Mailing Address

1742 E. LINE STREET **1742 E. LINE STREET**
APT 102 **APT 102**
LEESBURG, FL 34748 **LEESBURG, FL 34748**

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2. Principal Place of Business 3. Mailing Address

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

04022006 Chg-P CR2E034 (11/05)

City & State City & State

4. FEI Number
20-4094705 Applied For
 Not Applicable

Zip Country Zip Country

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

6. Name and Address of Current Registered Agent

FORT, JARED L
1742 E. LINE STREET
APT 102
LEESBURG, FL 34748

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, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P <input type="checkbox"/> Delete
NAME	FORT, JARED L
STREET ADDRESS	1742 E. LINE STREET APT 102
CITY-ST-ZIP	LEESBURG, FL 34748
TITLE	VP <input type="checkbox"/> Delete
NAME	ROBINSON, JENNIFER C.
STREET ADDRESS	1742 E. LINE STREET
CITY-ST-ZIP	LEESBURG, FL 34748
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FORT, JENNIFER R
STREET ADDRESS	1742 E. LINE STREET, APT 102
CITY-ST-ZIP	LEESBURG, FL 34748
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Jared Fort* Date: 4/1/06 Daytime Phone #: (352)303-1877