2005 FOR PROFIT CORPORATION ANNUAL REPORT

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FILED Jan 07, 2005 8:00 am Secretary of State 01-07-2005 90015 006 ***150.00

JORMAC		CTS, INC.									
13130 56TH COURT 1 SUITE 604 5			Mailing Address 13130 56TH COURT SUITE 604 CLEARWATER, FL 337	13130 56TH COURT							
2. Principal Place of Business 3.			3. Mailing Address	. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.	Suite, Apt. #, etc.			01042005	Chg-P	CR2E	34 (10/03)	
City & State			City & State	City & State			4. FEI Numb			 	plied For ot Applicable
Zip		Country	Zíp	Cour	ntry		5. Certificate	of Status Desired		\$8.75 Add Fee Require	
	6. Name	and Address of Current	Registered Agent				7. Name and	Address of New	Registered	Agent	
JOURDEN 13130 56T CLEARWA	H COURT	r, SUITE 604			Name Street A	ddress (P.O. Box Numb	er is Not Acceptab	ele)		
					City				FL	Zip Cod	9
	tions of regis	tered agent.	or the purpose of changing it			-	_	th, in the State of F		familiar with,	and accept
	Signature, typed	for printed name of registered agent	and title if applicable. (NO	TE: Registers	d Agent signati	beriuper en	when reinstating)		DATE		
		FEE IS \$150.00 5 Fee will be \$550.	9. Election Campa 00 Trust Fund Cor			\$5. Add	.00 May Be ed to Fees				•
10.		OFFICERS AND	DIRECTORS	11.			ADDITIONS	CHANGES TO OF	FICERS AND	DIRECTOR	S IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	13100 56	NAIS, STEVEN M TH COURT STE 604 ATER, FL 337604018	Delete			131	30 56T	S,STEVEN Court STE FL 3376	604	⊠ . Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCALLIS 13100 56	TER, MICHAEL R COURT STE 702 ATER, FL 337604021	□ Delete			1313	° 25₽0	MICHAEL ourt, STE ! FL 33760	. 04	⊠ Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP			Delete					·		Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			□ Delete				·			☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Defete							☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete							Change	Addition
12. I hereby i	certify that th	e information supplied with	n this filing does not qualify for	or the exe	emotion sta	ted in Se	ction 119.07(3)	(i). Florida Statutes	. I further ce	rtify that the in	nformation

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 AND TIPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #
SIGNATURE: STEVEN M. JOURDENATS 45	JANOS	727-592-0303 x 2