


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2004 8:00 am
Secretary of State

04-05-2004 90048 029 ***150.00

DOCUMENT # P99000111637

1. Entity Name
JEFFERSON COMPOSITES INCORPORATED



Principal Place of Business Mailing Address
4319 S RENELLIE DR **4319 S RENELLIE DR**
TAMPA, FL 33611 **TAMPA, FL 33611**

2. Principal Place of Business 3. Mailing Address
5305 San Sebastian Ct **5305 San Sebastian Ct**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
328 **328**
 City & State City & State
Tampa Florida **Tampa Florida**

Zip Country Zip Country
33609 **Hillsborough** **33609** **Hillsborough**



01072004 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent
BRAWNER, JEFFREY D
4319 S RENELLIE DR
TAMPA, FL 33611

4. FEI Number Applied For
59-3631834 Not Applicable

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

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
5305 San Sebastian Ct #328
 City State Zip Code
Tampa FL 33609

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, 2004 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
P	BRAWNER, JEFFREY D	4319 S RENELLIE DR	TAMPA, FL 33611	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
PRESIDENT	BRAWNER, JEFFREY D.	5305 SAN SEBASTIAN CT #328	TAMPA FLORIDA 33609	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: Jeffrey D. Brawner Date: 3/30/04 Daytime Phone #: 813-289-5384