

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90351 041 ****70.00

DOCUMENT # N00000002350

1. Entity Name

JARTA, INC.



Principal Place of Business

P.O. BOX 14384
TALLAHASSEE FL 32317

Mailing Address

P.O. BOX 14384
TALLAHASSEE FL 32317

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3655862

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

TILFORD, LILLIAN M
1595 LONNIE RD
TALLAHASSEE FL 32308

7. Name and Address of New Registered Agent

Name

Patricia B. Jimenez
Street Address (P.O. Box Number is Not Acceptable)

825 Ashlyn Forest Dr.

City

Tallahassee

FL

Zip Code

32303

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

Patricia B. Jimenez

Signature, typed or printed name of registered agent and title if applicable.

Pat B. Jimenez

(NOTE: Registered Agent signature required when reinstating)

4/18/04

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	ED	<input type="checkbox"/> Delete
NAME	TILFORD, LILLIAN M	
STREET ADDRESS	1595 LONNIE RD	
CITY-ST-ZIP	TALLAHASSEE FL 32308	
TITLE	MD	<input type="checkbox"/> Delete
NAME	JIMENEZ, PATRICIA	
STREET ADDRESS	3221 VARNELL DR.	
CITY-ST-ZIP	TALLAHASSEE FL 32309	
TITLE	CD	<input type="checkbox"/> Delete
NAME	DANIELS, NANCY ESQ.	
STREET ADDRESS	301 S. MONROE ST. STE 401	
CITY-ST-ZIP	TALLAHASSEE FL 32301	
TITLE	PD	<input type="checkbox"/> Delete
NAME	CLEAR, TODD	
STREET ADDRESS	899 10TH AVE	
CITY-ST-ZIP	NEW YORK NY 10019	
TITLE	D	<input type="checkbox"/> Delete
NAME	HAMPTON-WEBSTER, ADRIENNE	
STREET ADDRESS	1014 B CORRIN DR.	
CITY-ST-ZIP	TALLAHASSEE FL 32311	
TITLE	DT	<input type="checkbox"/> Delete
NAME	CARRINGTON, MERVYNN	
STREET ADDRESS	2151 LAKE BROOKE DR	
CITY-ST-ZIP	TALLAHASSEE FL 32303	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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	
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 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 617, 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:

Lillian M. Tilford

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-18-04 850-888-7670

Date

Daytime Phone #