


**2005 FOR PROFIT CORPORATION
AMENDED ANNUAL REPORT**

Amended

05 SEP 23 PM 6:22

DOCUMENT # P03000085778		
1. Entity Name S-GO JUMP-N-SLIDE, INC.		
Principal Place of Business 5775 LAKE LIZZIE DRIVE ST. CLOUD, FL 34771		Mailing Address 5775 LAKE LIZZIE DRIVE ST. CLOUD, FL 34771
2. Principal Place of Business		3. Mailing Address
Suite, Apt. #, etc.		Suite, Apt. #, etc.
City & State		City & State
Zip	Country	Zip
Country		Country
4. FEI Number 16-1681006		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent POLACHEK, DEBORAH 5775 LAKE LIZZIE DRIVE ST. CLOUD, FL 34771		7. Name and Address of New Registered Agent Name <u>Gary Yeager</u> Street Address (P.O. Box Number is Not Acceptable) <u>3080 Vest Rd</u> City <u>St Cloud</u> FL Zip Code <u>34772</u>
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 <u><i>Gary Yeager</i></u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>		DATE <u>08-15-05</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P POLACHEK, DEBORAH 5775 LAKE LIZZIE DRIVE ST. CLOUD, FL 34771 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
		President Gary Yeager 3080 Vest Rd St Cloud, FL 34772 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP POLACHEK, STEPHEN 5775 LAKE LIZZIE DRIVE ST. CLOUD, FL 34771 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
		500059874535 09/23/05--01006--007 **61.25 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP POLACHEK, JONATHAN 5775 LAKE LIZZIE DRIVE ST. CLOUD, FL 34771 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u><i>Gary Yeager</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		DATE <u>08-15-05</u> DAYTIME PHONE # <u>407-892-7797</u>

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