

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2005 8:00 am
Secretary of State

04-20-2005 90344 025 ***150.00

DOCUMENT # 475037

1. Entity Name
JEPST, INC.



Principal Place of Business
**13700 GANNET DRIVE
FORT MYERS, FL 33908 US**

Mailing Address
**13700 GANNET DRIVE
FORT MYERS, FL 33908 US**

50040402



2. Principal Place of Business
C/O 37 KENNIE LANE

3. Mailing Address
37 KENNIE LANE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04132005

Chg-P

CR2E034 (10/03)

City & State
PEMBROKE MA

City & State
PEMBROKE MA

4. FEI Number
59-1614313

Applied For
☐ Not Applicable

Zip
02359

Country
USA

Zip
02359

Country
USA

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

6. Name and Address of Current Registered Agent -

7. Name and Address of New Registered Agent -

**JACKSON, C. MICHAEL
1415 HENDRY ST.
FT MYERS, FL 33902**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005. Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$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
**PD
TROLAND, E. PARKER
13700 GANNET DRIVE
FT. MYERS, FL** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**D
TROLAND, JEAN S
13700 GANNET DRIVE
FT. MYERS, FL** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**D
TROLAND, NANCY JEAN
37 KENNIE LANE
PEMBROKE, MA 02359** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
PRESIDENT ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/05
Date

781-293-0964
Daytime Phone #