



2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # 666736 1. Entity Name JA-ROD SERVICES INC.						FILED 04 AUG 20 AM 11:58 SECRETARY OF STATE TALLAHASSEE, FLORIDA 	
Principal Place of Business 2933 MYRTLE AVE N JACKSONVILLE, FL 32209				Mailing Address 2933 MYRTLE AVE N JACKSONVILLE, FL 32209			
2. Principal Place of Business		3. Mailing Address P.O. Box 2251		Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State Jax, FL		4. FEI Number 59-2279429		Applied For <input type="checkbox"/> Not Applicable	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		08172004 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent NELSON, TONY D 2933 MYRTLE AVE N JACKSONVILLE, FL 32209		7. Name and Address of New Registered Agent Name Darryl R. Jackson CPA Street Address (P.O. Box Number is Not Acceptable) 101 E Union St #400 City Jax FL Zip Code 32202					
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>Darryl R. Jackson</i></u> DATE <u>8/17/04</u> <small>Signature, typed or printed name of registered agent and title if applicable. (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	CTD NELSON, TONY D 2933 MYRTLE AVE N JACKSONVILLE, FL 32209 <input checked="" type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 700040432157 08/23/04--01078--001 **306.25		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD NELSON, JANICE 2933 MYRTLE AVE N JACKSONVILLE, FL 32209 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition P.O. Box 2251 Jax, FL 32203		
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		
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>Janice Nelson</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<u>8/17/04</u> <u>874-4269</u> <small>Date Daytime Phone #</small>			