


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
04 APR -1 AM 11:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 672869		
1. Entity Name JOTAR MANAGEMENT SERVICES, INC.		

Principal Place of Business 11635 N W 1ST AVENUE GAINESVILLE, FL 32607	Mailing Address 11635 N W 1ST AVENUE GAINESVILLE, FL 32607
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DO NOT WRITE IN THIS SPACE



01212004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2005527	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent CURTIS, JOHN M 11635 N W 1ST AVENUE GAINESVILLE, FL 32607
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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 _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD CURTIS, JOHN M 11635 N W 1ST AVENUE GAINESVILLE, FL 00000,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CURTIS, GAIL W 11635 N W 1ST AVENUE GAINESVILLE, FL 00000,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HALE, TASHIA C. 11635 NW 1ST AVENUE GAINESVILLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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04/28/04--01020--028 **158.75

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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>Gail W. Curtis</u>	Gail W. Curtis President	01/23/04	352-332-0838
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #