

2005 FOR PROFIT CORPORATION ANNUAL REPORT

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

BK

FILED
05 APR 12 PM 5:19
SECRETARY OF STATE
TALLAHASSEE, FL 32304



DO NOT WRITE IN THIS SPACE

01182005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-2005527

Applied For
Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CURTIS, JOHN M
11635 N W 1ST AVENUE
GAINESVILLE, FL 32607

**DO NOT WRITE
IN THIS SPACE**

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

TITLE	STD
NAME	CURTIS, JOHN M
STREET ADDRESS	11635 N W 1ST AVENUE
CITY - ST - ZIP	GAINESVILLE, FL 00000,
TITLE	PD
NAME	CURTIS, GAIL W
STREET ADDRESS	11635 N W 1ST AVENUE
CITY - ST - ZIP	GAINESVILLE, FL 00000,
TITLE	VD
NAME	HALE, TASHIA C.
STREET ADDRESS	11635 NW 1ST AVENUE
CITY - ST - ZIP	GAINESVILLE, FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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05/06/05--01054--008 **158.75

**DO NOT WRITE
IN THIS SPACE**

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Gail W. Curtis
President

3/9/05

352-332-0838

Date

Daytime Phone #