


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2005 8:00 am
Secretary of State

05-05-2005 90098 023 ***150.00

DOCUMENT # 678781
 1. Entity Name
JAKATO, INC.



Principal Place of Business
**3010 S. THIRD ST. #A
 JACKSONVILLE BEACH, FL 32250**

Mailing Address
**3010 S. THIRD ST. #A
 JACKSONVILLE BEACH, FL 32250**

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
**c/o Lawrence R. Patterson
 3010 South Third Street**

City & State
Jacksonville Beach, Florida

Zip Country
32250 USA



01172005 Chg-P CR2E034 (10/03)

4. FEI Number
59-2015048

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
**PATTERSON, LAWRENCE R
 3010 S 3RD ST STE 1
 JACKSONVILLE BEACH, FL 32250**

7. Name and Address of New Registered Agent
 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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 NAME STREET ADDRESS CITY-ST-ZIP	DS BLACK, SARAH U <input type="checkbox"/> Delete 537 LAKE RD PONTE VEDRA BCH, FL00000, 32082
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BLACK, JAMES T. <input type="checkbox"/> Delete 8165 COBB CENTER DRIVE KENNESAW, GA 30152
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST MERRIAM, KAREN J. <input type="checkbox"/> Delete 3596 TUCKERS FARM MARIETTA, GA 30067
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT BLACK, JAMES W <input checked="" type="checkbox"/> Delete 537 LAKE RD PONTE VEDRA, FL 00000, 32082
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President, Director and Secretary <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Black, SARAH U. ← Same as box 10
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"/> Change <input type="checkbox"/> Addition
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"/> 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: Sarah U. Black, Secretary **SARAH U. BLACK** **3-8-2005** **904.285.6553**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #