

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F00000000938

FILED
Apr 26, 2005
Secretary of State

Entity Name: JERSEYANS AGAINST DRUNK DRIVING INC.

Current Principal Place of Business:

1005 PINE ST
CLEARWATER, FL 33756

New Principal Place of Business:

2359 FINLANDIA LANE
SUITE 63
CLEARWATER, FL 33763

Current Mailing Address:

2359 FINLANDIA LANE
SUITE 63
CLEARWATER, FL 33763

New Mailing Address:

FEI Number: 22-3653545 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LIBES, RICHARD D
2359 FINLANDIA LANE
SUITE 63
CLEARWATER, FL 33763 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: LIBES, RICHARD D
Address: 2359 FINLANDIA LANE SIUTE 63
City-St-Zip: CLEARWATER, FL 33763

Title: CD () Delete
Name: LABRIODA, APRIL
Address: 2458 COLUMBIA DR., SUITE 2
City-St-Zip: CLEARWATER, FL 33763

Title: S () Delete
Name: JENKINS, BOB
Address: 302 1ST AVE.
City-St-Zip: ASBURY PARK, NJ

Title: T () Delete
Name: LIBES, SHERRY
Address: 6010 BLVD WEST
City-St-Zip: WEST NEW YORK, NJ 07093

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RICHARD D LIBES

PD

04/26/2005

Electronic Signature of Signing Officer or Director

_____ Date