

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 28, 2005 08:00 AM
Secretary of State

DOCUMENT # F01000005889 1. Entity Name DON JAGODA ASSOCIATES, INC.	
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Principal Place of Business 100 MARCUS DRIVE MELVILLE, NY 11747	Mailing Address 100 MARCUS DRIVE MELVILLE, NY 11747
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DO NOT WRITE IN THIS SPACE



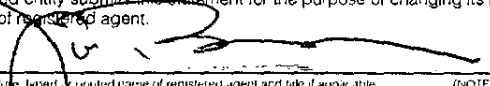
03222005 No Chg-P CR2E034 (10/03)

4. FEI Number 13-2723153	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
**BAUMGARTNER, JOSEPH
8125 MONOTARY DRIVE
RIVIERA BEACH, FL 33404**

**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  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
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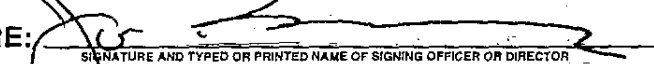
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P JAGODA, DONALD R 100 MARCUS DRIVE MELVILLE, NY
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V JAGODA, SYDELLE 100 MARCUS DRIVE MELVILLE, NY
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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04/28/05-80061-011 150.00

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:  DATE _____ Daytime Phone # _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR