

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 12, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # F52759**  
1. Entity Name  
**JOERG F. JAEGER ATTORNEY AT LAW, P.A.**



Principal Place of Business      Mailing Address  
217 E IVANHOE BLVD N      217 E IVANHOE BLVD N  
ORLANDO, FL 32804      ORLANDO, FL 32804

**DO NOT WRITE IN THIS SPACE**



01052004    No Chg-P    CR2E034 (10/03)

4. FEI Number      Applied For  
**59-2133978**      Not Applicable

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

6. Name and Address of Current Registered Agent  
  
JAEGER, JOERG F  
217 E IVANHOE BLVD N  
ORLANDO, FL 32804

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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.        \$5.00 May Be Added to Fees

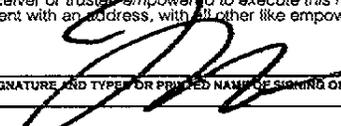
**10. OFFICERS AND DIRECTORS**

TITLE	DP
NAME	JAEGER, JOERG F
STREET ADDRESS	217 E IVANHOE BLVD N
CITY - ST - ZIP	ORLANDO, FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
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CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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**DO NOT WRITE  
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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:**  **Joerg F. Jaeger**      **01/09/04**      **407-894-0241**  
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #