

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 04, 2004 8:00 am**  
**Secretary of State**

02-04-2004 90083 009 \*\*\*150.00

**DOCUMENT # F95000004299**

1. Entity Name

JET WORKS, INC.



Principal Place of Business

13500 BRYNWOOD LANE  
FORT MYERS FL 33912  
US

Mailing Address

13500 BRYNWOOD LANE  
FORT MYERS FL 33912  
US

2. Principal Place of Business

13030 LAKEHURST CT.

3. Mailing Address

13030 LAKEHURST CT.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

FORT MYERS, FL

City & State

FORT MYERS, FL

Zip

33913

Country

USA

Zip

33913

Country

USA

4. FEI Number

73-1456736

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required



MOORE

CR2E034 (11/03)

6. Name and Address of Current Registered Agent

EVANS, MARGARET R  
13500 BRYNWOOD LANE  
FORT MYERS FL 33912

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

(ADDRESS CHANGE ONLY)

13030 LAKEHURST CT.

City

FORT MYERS

FL

Zip Code

33913

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, 2004 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PTD  
NAME EVANS, MARGARET  
STREET ADDRESS 13500 BRYNWOOD LANE  
CITY-ST-ZIP FORT MYERS FL 33912 ☐ Delete

TITLE CSD  
NAME EVANS, CARL K  
STREET ADDRESS 13500 BRYNWOOD LANE  
CITY-ST-ZIP FORT MYERS FL 33912 ☐ Delete

TITLE PD  
NAME EVANS, MARGARET R  
STREET ADDRESS 13500 BRYNWOOD LANE  
CITY-ST-ZIP FORT MYERS FL ☐ Delete

TITLE D  
NAME EVANS, CARL K  
STREET ADDRESS 13500 BRYNWOOD LANE  
CITY-ST-ZIP FORT MYERS FL 33912 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS 13030 LAKEHURST CT.  
CITY-ST-ZIP FORT MYERS, FL 33913 ☒ Change ☐ Addition  
(ADDRESS ONLY)

TITLE  
NAME  
STREET ADDRESS 13030 LAKEHURST CT.  
CITY-ST-ZIP FORT MYERS, FL 33913 ☒ Change ☐ Addition  
(ADDRESS ONLY)

TITLE  
NAME  
STREET ADDRESS 13030 LAKEHURST CT.  
CITY-ST-ZIP FORT MYERS, FL 33913 ☒ Change ☐ Addition  
(ADDRESS ONLY)

TITLE  
NAME  
STREET ADDRESS 13030 LAKEHURST CT.  
CITY-ST-ZIP FORT MYERS, FL 33913 ☒ Change ☐ Addition  
(ADDRESS ONLY)

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ 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:

*Margaret Evans*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1-27-04

Daytime Phone #

239-  
437-1666