

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G41512

Entity Name: JAEL, INC.

FILED
Jul 01, 2005
Secretary of State

Current Principal Place of Business:

RT 1 BOX 151
P.O. BOX 1080
HILLIARD, FL 32046

New Principal Place of Business:

P.O. BOX 1080
HILLIARD, FL 32046

Current Mailing Address:

RT 1 BOX 151
P.O. BOX 1080
HILLIARD, FL 32046

New Mailing Address:

P.O. BOX 1080
HILLIARD, FL 32046

FEI Number: 59-2327231

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ADKINS, MAX
7566 LAKE FOREST CIRCLE
PORT RICHEY, FL 34668 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: ADKINS, MAX,
Address: 7566 LAKE FOREST CIRCLE
City-St-Zip: PORT RICHEY, FL

Title: VP () Delete
Name: ADKINS, JOAN
Address: RT 1 BOX 151, PO BOX 1080
City-St-Zip: HILLIARD, FL

Title: ST () Delete
Name: ADKINS, DOUGLAS D
Address: P.O. BOX 1080 554820 US HIGHWAY 1
City-St-Zip: HILLIARD, FL 32046

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:

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DOUGLAS D. ADKINS

ST

07/01/2005

Electronic Signature of Signing Officer or Director

Date