

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

04 OCT -1 PM 12:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # G61238

1. Entity Name
JO-DON FOLIAGE, INC.Principal Place of Business
5101 GEIGER CEMETARY RD
ZEPHYRHILLS, FL 33541Mailing Address
5101 GEIGER CEMETARY RD
ZEPHYRHILLS, FL 33541

09282004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. Fil Number 59-2390325	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GEIGER, DONALD H
5101 GEIGER CEMETARY RD
ZEPHYRHILLS, FL 33541DO 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

Signature, typed or printed name of registered agent and filer (applicable)

(NOTICE: Required Agent Signatures required when filing)

DATE

FILE NOW!! FEE IS \$550.00

Due by September 8, 2004

9. Election Campaign Financing

\$5.00 May Be

Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PO
NAME	GEIGER, DONALD H
STREET ADDRESS	5101 GEIGER CEMETARY RD
CITY - ST - ZIP	ZEPHYRHILLS, FL 33541

TITLE	DVP
NAME	GEIGER, WANDA J
STREET ADDRESS	5101 GEIGER CEMETARY RD
CITY - ST - ZIP	ZEPHYRHILLS, FL 33541

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	
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STREET ADDRESS	
CITY - ST - ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(ii), Florida Statutes. I further certify that the information provided 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 of this report.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

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9-28-04