

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jul 13, 2004 8:00 am
Secretary of State

07-13-2004 90003 010 ***550.00

DOCUMENT # G63200

1. Entity Name

JAZZMIN PATCH CORPORATION



Principal Place of Business

**4380 THOMASSON DR
NAPLES FL 34112**

Mailing Address

**113 FORESTWOOD DRIVE
NAPLES FL 34110**

2. Principal Place of Business

3. Mailing Address

7095 POND CYPRESS CT

Suite, Apt. #, etc.

101

City & State

NAPLES FL

Zip

34109

Country

USA



MOORE

CR2E034 (11/03)

4. FEI Number

59-2341186

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**DEEKS, ROBERT W
113 FORESTWOOD DR
NAPLES FL 34110**

7. Name and Address of New Registered Agent

Name

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

7095 POND CYPRESS CT

101

City **NAPLES**

FL Zip Code **34109**

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] **PRESIDENT**

7-5-04

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 **P** ☐ Delete

NAME **DEEKS, ROBERT W**
STREET ADDRESS **113 FORESTWOOD DR**
CITY-ST-ZIP **NAPLES FL 34110**

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Delete

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CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition

NAME **7095 POND CYPRESS CT # 101**
STREET ADDRESS **NAPLES, FL 34109**
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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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 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:

[Signature] **ROBERT W. DEEKS**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7-5-04
239 774 1160