2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Apr 09, 2007 08:00 AM Secretary of State DOCUMENT # H17556 1. Entity Namo JAYTESS, INCORPORATED Principal Place of Business Mailing Address 5300 SATEL DRIVE 5300 SATEL DRIVE ORLANDO FL 32810 ORLANDO FL 32810 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suito, Apt. #, etc. 1st MOORE CR2E034 (10/06) City & Stato City & State 4. FEI Number Applied For 59-2447545 Not Applicable Zıp Country Zip Country **\$8.75** Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MACLARTY, NEIL D. 1093 PRINCEWOOD DR. Street Address (P.O. Box Number is Not Acceptable) ORLANDO FL City Zip Code 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 it applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. ' Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Change Addition THE ☐ Delete HHE MACLARTY, NEIL D. NAME NAME U00000695075 1093 PRINCEWOOD DR. STREET ADDRESS STREET ADDRESS 04/17/07-80045-021 150.00 ORLANDO FL CITY-ST-ZIP CITY-ST-ZIP STD IIItE Delete TITLE ☐ Change ☐ Addition MACLARTY, LINDA L. NAME NAME 1093 PRINCEWOOD DR. STREET ADDRESS STREET ADDRESS ORLANDO FL CITY-ST-ZIP CITY-SI-ZIP TITLE ☐ Delete □ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CUTY-ST-ZIP CITY-ST-ZIP IIILE Delete ☐ Change Addition TITLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addrlion NAME NAME STREET ADDRESS STREET ADDRESS CITY-S1-ZIP CITY - ST - ZIP

The information of the information of the examplions contained in Section 119, Florida Statutes. I further certify that the information

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inder nath: that I am an officer or director