


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2004 8:00 am
Secretary of State

01-29-2004 90083 023 ***150.00

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|---|--|--|---|---|--|
| DOCUMENT # H56625 1. Entity Name JILIES SOUTH, INC. | | | |  | |
| Principal Place of Business 1714 W. HILLSBORO BLVD. DEERFIELD BEACH, FL 33442 | | | Mailing Address 1714 W. HILLSBORO BLVD. DEERFIELD BEACH, FL 33442 | | |
| 2. Principal Place of Business 1728 W. Hillsboro Blvd. <small>Suite, Apt. #, etc.</small> | | 3. Mailing Address 1728 W. Hillsboro Blvd. <small>Suite, Apt. #, etc.</small> | | | |
| City & State Deerfield Beach, FL Zip 33442 Country USA | | City & State Deerfield Beach, FL Zip 33442 Country USA | | 4. FEI Number 59-2541228 | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | | | Applied For <input type="checkbox"/> Not Applicable | |
| 6. Name and Address of Current Registered Agent CONTI, VIRGINIA 1714 WEST HILLSBORO BLVD. DEERFIELD BEACH, FL 33442 | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1728 WEST Hillsboro Blvd. City Deerfield Beach FL Zip Code 33442 | | |
| 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | DP CONTI, VIRGINIA 359 WILDWOOD LANE EAST DEERFIELD BEACH, FL | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D MACAGNA, LUCY 626 EMERALD WAY WEST DEERFIELD BEACH, FL 33442 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | <input type="checkbox"/> Delete | | | |
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| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | <input type="checkbox"/> Delete | | | |
| 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: Virginia Conti <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | | | |
| 1/27/04 <small>Date</small> | | | | | |
| 954 421 3060 <small>Daytime Phone #</small> | | | | | |

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