


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90278 004 ***158.75

DOCUMENT # H91636	
1. Entity Name JAPIER, INC.	

Principal Place of Business 732 NE 3RD ST POMPANO BCH FL 33060	Mailing Address 732 NE 3RD ST POMPANO BCH FL 33060
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2. Principal Place of Business Suite, Apt. #, etc. 71 SE 4th Avenue	3. Mailing Address Suite, Apt. #, etc. 71 SE 4th Avenue
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City & State Deerfield Beach, FL	City & State Deerfield Beach, FL
Zip 33441	Country USA
Zip 33441	Country USA



1st MOORE CR2E034 (10/04)

6. Name and Address of Current Registered Agent CHESHIRE, WOODROW W. 732 NE 3RD STREET POMPANO BEACH FL 33060	7. Name and Address of New Registered Agent Name: Gwen C Collier Street Address (P.O. Box Number is Not Acceptable): 71 S.E. 4th Avenue City: Deerfield Beach FL Zip Code: 33441
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4. FEI Number 59-2615822	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

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: Gwen C Collier (Gwen C Collier) April 14, 2005
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, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE AST NAME PIERCE, JOANNE STREET ADDRESS 135 MOSS CREEK DRIVE CITY-ST-ZIP MARTINEZ GA 30907	<input type="checkbox"/> Delete
TITLE P NAME CHESHIRE, ANGIE STREET ADDRESS 732 NE 3 STREET CITY-ST-ZIP POMPANO BEACH FL	<input type="checkbox"/> Delete
TITLE VST NAME CHESHIRE, W. W. STREET ADDRESS 732 NE 3 STREET CITY-ST-ZIP POMPANO BEACH FL	<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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE AST NAME Bradley H. Pierce STREET ADDRESS 1113 Canterbury Road CITY-ST-ZIP Gainesville, Georgia 30504	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE P NAME Joanne Pierce STREET ADDRESS 3772 Boulder Trail CITY-ST-ZIP Martinez, Georgia 30907	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VST NAME Gwen C Collier STREET ADDRESS 71 SE 4th Avenue CITY-ST-ZIP Deerfield Beach, FL 33441	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Gwen C Collier Gwen C Collier April 14, 2005 954 427-2049
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #