

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H91671

Entity Name: JAZ FORMS, INC.

FILED  
Feb 19, 2005  
Secretary of State

**Current Principal Place of Business:**

318 WEST MAIN ST.  
NORRISTOWN, PA 19401

**New Principal Place of Business:**

**Current Mailing Address:**

318 WEST MAIN ST.  
NORRISTOWN, PA 19401

**New Mailing Address:**

FEI Number: 23-2386970

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BRENNER, EILEEN  
10835 BOCA WOODS LANE  
BOCA RATON, FL 33433 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: O ( ) Delete  
Name: BURD, ZACHERY  
Address: 710 HARVARD ROAD  
City-St-Zip: BALA CYNWYD, PA 19004

Title: O ( ) Delete  
Name: BURD, JOSHUA  
Address: 710 HARVARD ROAD  
City-St-Zip: BALA CYNWYD, PA 19004

Title: VP ( ) Delete  
Name: PARNES, REVA,  
Address: 211 BIRCH DRIVE  
City-St-Zip: LAFAYETTE HILL, PA

Title: P ( ) Delete  
Name: PARNES, GEORGE  
Address: 211 BIRCH DR  
City-St-Zip: LAFAYETTE HILL, PA

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GEORGE PARNES

P

02/19/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date