


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 24, 2004 08:00 AM**  
**Secretary of State**

|   |   |                     |  |  |  |
|---|---|---------------------|--|--|--|
| <b>DOCUMENT # J40738</b><br>1. Entity Name<br><b>JAY DISCOUNT BEVERAGES, INC.</b>   |   |                     |  |                         |  |
| Principal Place of Business<br><b>2932 S. COMBEE ROAD<br/>P.O. BOX 340<br/>EATON PARK FL 33840</b>  |   |                     | Mailing Address<br><b>2932 S. COMBEE ROAD<br/>P.O. BOX 340<br/>EATON PARK FL 33840</b>   |  |  |
| 2. Principal Place of Business  |   | 3. Mailing Address  |  |  |  |
| Suite, Apt. #, etc.   |   | Suite, Apt. #, etc. |  |  |  |
| City & State  |   | City & State        |  |  |  |
| Zip   | Country   | Zip                 | Country  |  |  |
| 4. FEI Number <b>59-2747425</b>   |   |                     |  | Applied For<br><input type="checkbox"/> Not Applicable   |  |
| 5. Certificate of Status Desired <input type="checkbox"/>   |   |                     |  | <b>\$8.75</b> Additional Fee Required  |  |
| 6. Name and Address of Current Registered Agent<br><br><b>MAYER, CHARLES R.<br/>5835 BARTOW ROAD SOUTH<br/>HIGHLAND CITY FL 33846</b>   |   |                     | 7. Name and Address of New Registered Agent<br>Name _____<br>Street Address (P.O. Box Number is Not Acceptable) _____<br>City _____ <b>FL</b> 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>   |   |                     |  |  |  |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2004 Fee will be \$550.00</b><br><b>Make Check Payable to Florida Department of State</b>   |   |                     | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees                                       |  |  |
| <b>10. OFFICERS AND DIRECTORS</b>   |   |                     | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | PD<br><b>PATEL, MAHESHKUMAR J.</b><br><b>1830 SANCHEZ AVE.</b><br><b>LAKE LAND FL</b> |                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Delete<br><br><b>U000000064290</b><br><b>02/24/04-80006-018 150.00</b>          |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | VD<br><b>PATEL, J. J.</b><br><b>5532 HIGHLANDS VISTA CIR</b><br><b>LAKE LAND FL</b>   |                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Delete<br><br><input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | S<br><b>PATEL, D.M.</b><br><b>1830 SANCHEZ AVE.</b><br><b>LAKE LAND FL</b>            |                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Delete<br><br><input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | T<br><b>PATEL, V. J.</b><br><b>4920 TRADITION DR</b><br><b>LAKE LAND FL</b>           |                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Delete<br><br><input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Delete   |                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Delete<br><br><input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Delete   |                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Delete<br><br><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)(f), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/25/04**

**863-666-3716**