2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

DOCUMENT # J70455

JUPITER BAY EAST DEVELOPMENT COMPANY



FILED Apr 18, 2005 08:00 AM Secretary of State

Principal Place of Business

Mailing Address

DO NOT WRITE IN THIS SPACE

700 A1A HWY. P O BOX 3351 JUPITER, FL 33469 PO BOX 3351 JUPITER, FL 33469



01042005

No Chg-P

CR2E034 (10/03)

4. FEI Number 59-2832695

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RATHKE, R. C. 700 A1A HWY. JUPITER, FL 33469

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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 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		9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RATHKE, RICHARD 700 A1A HWY. JUPITER, FL				U00000314899 04/19/05-80013-007 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP RATHKE, CAROLA 700 A1A HWY JUPITER, FL				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S RATHKE, CRISTINA 700 A1A HWY JUPITER, FL			DO	NOT WRITE

IN THIS SPACE

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.

STREET ADDRESS CITY-ST-ZIP

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

561-7460980