2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # J73444

1. Entity Name JOLICO INVESTMENTS, INC.



FILED Apr 16, 2004 08:00 AM Secretary of State

CR2E034 (10/03)

Fee Required

850 668-0214

Principal Place of Business 1400 VILLAGE SQUARE BLVD

SUITE 7 TALLAHASSEE, FL 32312 US

1400 VILLAGE SQAURE BLVD

SUITE 7

Mailing Address

TALLAHASSEE, FL 32312 US _



DO NOT WRITE IN THIS SPACE

4. FEI Number	Applied For
59-2812320	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional

5. Name and Address of Current Registered Agent

ARNOLD, JOE REX 3951 RUNNYMEADE ROAD TALLAHASSEE, FL 32308

DO NOT WRITE IN THIS SPACE

No Chg-P

01062004

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 accepted the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and trie if applicable. (NOTE, Registered Agent segreture required when rensisting) DATE FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 P. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees 100000116478 10. OFFICERS AND DIRECTORS INITE DP NAME ARNOLD, JOE REX SIREET ADDRESS STREET ADDRESS STREET ADDRESS TALLA ALASSEE FI					
Signature, typed or printed name of registered agent and title if applicable. (NOTE, Registered Agent agreture required when renstating) FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Added to Fees 1000000116478 Trust Fund Contribution. Added to Fees 1000000116478 10. OFFICERS AND DIRECTORS IIILE DP NAME ARNOLD, JOE REX STREET ADDRESS 3951 RUNNYMEADE ROAD	forfice or registered agent, or both, in the State of Florida I am familiar with, and accept	d office or registered agent, or b	rpose of changing its registere	named entity submits this statement for the pions of registered agent.	8. The above the obligat
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. 10. OFFICERS AND DIRECTORS 11. IN OFFICERS AND DIRECTORS 12. IN OFFICERS AND DIRECTORS 13. IN OFFICERS AND DIRECTORS 14. IN OFFICERS AND DIRECTORS 15. IN OFFICERS AND DIRECTORS 16. OFFICERS AND DIRECTORS 17. IN OFFICERS AND DIRECTORS 18. Election Campaign Financing Statement of Added to Fees Added to Fees DIPLOMBLE OF ADDED 19. IN OFFICERS AND DIRECTORS 10. OFFICERS AND DIRECTORS 10. OFFICERS AND DIRECTORS 10. OFFICERS AND DIRECTORS 10. OFFICERS AND DIRECTORS			CACTE Commence		SIGNATURE.
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TITLE NAME STREET ADDRESS CITY-SI-ZIP					NAME STREET ADDRESS
TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. Thereby 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	police stated in Booking 150 77(0VI) Fladde States a Linchter and in States	matica ababad in Spallon 110 MV	and done not a with far the	portiful that Superflavoration a untilled with this	NAME STREET ADDRESS CITY-ST-ZIP

Indicated on this report or supplies with this his queer for quality for the exemption stated in section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or suppliemental 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 of the receiver or trustee-tempowered 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 attackment with an arrivess, with all other like empowered.

SIGNATURE PEN (Navid JOE R ARNOLD	4.14-04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date