

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2004 8:00 am**  
**Secretary of State**

04-28-2004 90286 036 \*\*\*150.00

<b>DOCUMENT # K50967</b> 1. Entity Name <b>JET CONSOLIDATED, INC.</b>					
Principal Place of Business <b>4415 METRO PARKWAY, SUITE 325 FORT MYERS, FL 33916</b>			Mailing Address <b>PO BOX 60259 FORT MYERS, FL 33906</b>		
2. Principal Place of Business <b>27499 Riverview Center Blvd., Suite 115 Bonita Springs, FL 34134</b>		3. Mailing Address <b>27499 Riverview Center Blvd., Suite 115 Bonita Springs, FL 34134</b>			
Suite, Apt. #, etc. <b>Blvd., Suite 115</b>		Suite, Apt. #, etc. <b>Blvd., Suite 115</b>		03262004 Chg-P CR2E034 (10/03)	
City & State <b>Bonita Springs, FL</b>		City & State <b>Bonita Springs, FL</b>		4. FEI Number <b>31-6043969</b>	
Zip <b>34134</b>		Country <b>USA</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent <b>GARNER, JAMES F. 4415 METRO PARKWAY, SUITE 325 FORT MYERS, FL 33916</b>			7. Name and Address of New Registered Agent Name <b>James F. Garner</b> Street Address (P.O. Box Number, is Not Acceptable) <b>27499 Riverview Center Blvd. Suite 115 Bonita Springs FL 34134</b>		
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: <i>James F. Garner</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>			DATE: <b>4-26-04</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>		
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <b>CHILDS, ESTHER R</b> <b>4415 METRO PARKWAY, SUITE 325</b> <b>FORT MYERS, FL 33916</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>27499 Riverview Center Blvd. Ste 115</b> <b>Bonita Springs, FL 34134</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV <b>GARNER, JAMES F</b> <b>4415 METRO PARKWAY, SUITE 325</b> <b>FORT MYERS, FL 33916</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>27499 Riverview Center Blvd. Ste 115</b> <b>Bonita Springs, FL 34134</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <b>CLEAVELAND, JANET F</b> <b>16 CATALPA CT</b> <b>FORT MYERS, FL 33919</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>9600 Gladiolus Blossom Ct.</b> <b>Fort Myers, FL 33908</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		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"/> Delete		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"/> Delete		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: <i>Esther R. Childs</i> <b>Esther R. Childs</b> <b>4-26-04</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					