


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 18, 2004 8:00 am
Secretary of State

03-18-2004 90047 032 ***150.00

DOCUMENT # K57088

1. Entity Name
JOVIKON INC.



Principal Place of Business Mailing Address

% CONSTANCE SZARKA **JOVIKON INC**
11481 S.W. 196TH TERR. **13040 SW 80 ST.**
MIAMI, FL 33157-1051 **MIAMI, FL 33183**

2. Principal Place of Business 3. Mailing Address

c/o Joseph Cole Suite, Apt. #, etc.

13040 SW 80 ST Suite, Apt. #, etc.

City & State City & State

MIAMI, FL City & State

Zip Country Zip Country

33183 **USA**



02232004 Chg-P CR2E034 (10/03)

4. FEI Number Applied For

65-0383129 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

COLE JOSEPH L.
13040 SW 80 ST.
MIAMI, FL 33183

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D <input type="checkbox"/> Delete
NAME	MOSTELLER VICTORIA
STREET ADDRESS	2220 ROYAL FERN LN S
CITY-ST-ZIP	JACKSONVILLE, FL 32223
TITLE	D <input type="checkbox"/> Delete
NAME	SZARKA, CONSTANCE GRACE
STREET ADDRESS	8730 RIDGELAND DR
CITY-ST-ZIP	MIAMI, FL 33157
TITLE	D <input type="checkbox"/> Delete
NAME	COLE, JOSEPH L.
STREET ADDRESS	13040 S.W. 80TH ST.
CITY-ST-ZIP	MIAMI, FL 33183
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Mosteller, Victoria	
STREET ADDRESS	1509 Marcy Dr.	
CITY-ST-ZIP	Jacksonville, FL 32259	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Victoria Mosteller* **Victoria Mosteller President**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **3/15/04** Daytime Phone #: **(904) 230-3301**