



2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2004 8:00 am
Secretary of State

02-25-2004 90028 027 ***150.00

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|---|---|--|---|---|---|
| DOCUMENT # L11317 1. Entity Name JESNIK, INC. | | | |  | |
| Principal Place of Business C/O LOUIS VASTANO 1383 FAYETTEVILLE DR. SPRING HILL, FL 34609 | | | Mailing Address C/O LOUIS VASTANO 1383 FAYETTEVILLE DR. SPRING HILL, FL 34609 | | |
| 2. Principal Place of Business 4255 ORCHID DR Suite, Apt. #, etc. | | 3. Mailing Address 4255 ORCHID DR Suite, Apt. #, etc. | | 54011224  | |
| City & State HERNANDO BEACH FL | | City & State HERNANDO BEACH FL | | 4. FEI Number 59-2965474 | |
| Zip 34609 | | Country US | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent VASTANO, LOUIS 1383 FAYETTEVILLE DR SPRING HILL, FL 34609 | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 4255 ORCHID DR City HERNANDO BEACH FL Zip Code 34609 | | |
| 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 <u><i>Louis Vastano</i></u> LOUIS VASTANO 2-11-04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 | | 9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD VASTANO, LOUIS 1383 FAYETTEVILLE DR. SPRING HILL, FL | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | 4255 ORCHID DR HERNANDO BEACH, FL 34609 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP VASTANO, BARBARA 1383 FAYETTEVILLE DR. SPRING HILL, FL | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | 4255 ORCHID DR HERNANDO BEACH FL 34609 | <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 |
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| 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: <u><i>Barbara Vastano</i></u> BARBARA VASTANO 2-11-04 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small> | | | | | |