ZUU4 FUR PRUFIT CURPURATION

ANNUAL REPORT FILED DOCUMENT # L73087 Feb 19, 2004 08:00 AM Secretary of State 1. Entity Name JAYTEE RESOURCES, INC. Principal Place of Business Mailing Address % JAMES W. TOWART % JAMES W. TOWART 12219 CATTAIL DRIVE WEST 12219 CATTAIL DRIVE WEST JACKSONVILLE, FL 32223 JACKSONVILLE, FL 32223 CR2E034 (10/03) 01052004 No Chg-P DO NOT WRITE IN THIS SPACE 4. FEI Number 59-3007848 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent TOWART, JAMES W., JR. DO NOT WRITE 12219 CATTAIL DRIVE, WEST JACKSONVILLE, FL 32223 IN THIS SPACE 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, typed or printed name of registered agent and tale if applicable. (NOTE: Registered Agent signature required when remaining) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees U00000056622 OFFICERS AND DIRECTORS 10. TITLE TOWART, JAMES W., JR. NAME 12219 CATTAIL DRIVE WEST STREET ADDRESS CITY-ST-ZIP JACKSONVILLE, FL m_F TOWART, PAMELA C. NAME STREET ADDRESS 12219 CATTAIL DRIVE WEST JACKSONVILLE, FL CITY-ST-ZIP π NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS

12. I hereby certify that the information supplied with this filling 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 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 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.

CITY-ST-ZIP TILE NAME STREET ADDRESS CITY-ST-ZIP TILE NAME STREET ADDRESS CITY-ST-7IP

Applied For

\$8.75 Additional

Fee Required

Not Applicable