

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # L73087

1. Entity Name
JAYTEE RESOURCES, INC.



Principal Place of Business
**% JAMES W. TOWART
12219 CATTAIL DRIVE WEST
JACKSONVILLE, FL 32223**

Mailing Address
**% JAMES W. TOWART
12219 CATTAIL DRIVE WEST
JACKSONVILLE, FL 32223**

FILED
Jul 09, 2008 08:00 AM
Secretary of State



07032008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3007848	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**TOWART, JAMES W., JR.
12219 CATTAIL DRIVE, WEST
JACKSONVILLE, FL 32223**

**DO NOT WRITE
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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$550.00
Due by September 12, 2008**

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

U00000953739
07/09/08-80003-020 550.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	TOWART, JAMES W., JR.
STREET ADDRESS	12219 CATTAIL DRIVE WEST
CITY-ST-ZIP	JACKSONVILLE, FL

TITLE	VSD
NAME	TOWART, PAMELA C.
STREET ADDRESS	12219 CATTAIL DRIVE WEST
CITY-ST-ZIP	JACKSONVILLE, FL

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: JW Towart
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/3/08
Date

904 262 4329
Daytime Phone #