

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 27, 2004 8:00 am**  
**Secretary of State**

04-27-2004 90078 034 \*\*\*158.75

**DOCUMENT # L84426**

1. Entity Name  
**JAYCEE, INC.**



Principal Place of Business  
**1302 N. 19TH STREET., SUITE 300  
TAMPA, FL 33605 US**

Mailing Address  
**PO BOX 5238  
TAMPA, FL 33675 US**

**34060317**



2. Principal Place of Business

3. Mailing Address

**1320 E. 9th Avenue  
Tampa, FL 33605**

Suite, Apt. #, etc.

City & State

04152004

Chg-P

CR2E034 (10/03)

4. FEI Number  
**59-3037160**

Applied For  
Not Applicable

Zip Country

Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CAPITANO, JOSEPH JR  
1302 N. 19TH STREET., SUITE 300  
TAMPA, FL 33605**

Name

Street Address

**1320 E. 9th Avenue  
Tampa, FL 33605**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**JOSEPH CAPITANO, JR.**

**4/15/04**

**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP CAPITANO, JOSEPH SR <b>1302 N. 19TH STREET., SUITE 300 TAMPA, FL 33605</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CAPITANO, FRANK D <b>1302 N. 19TH STREET., SUITE 300 TAMPA, FL 33605</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST CAPITANO, JOSEPH JR <b>1302 N. 19TH STREET., SUITE 300 TAMPA, FL 33605</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>1320 E. 9th Avenue Tampa, FL 33605</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>1320 E. 9th Avenue Tampa, FL 33605</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**JOSEPH CAPITANO, JR.**

Date

Daytime Phone #

**4/15/04 813.247.4731**