

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L96137

FILED
Jan 06, 2004
Secretary of State

Entity Name: JAVAHEAD ENTERPRISES, INC.

Current Principal Place of Business:

8255 SE GOVERNOR'S WAY
HOBE SOUND, FL 33455 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 1152
HOBE SOUND, FL 334751152 US

New Mailing Address:

FEI Number: 65-0218607

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COFFEY, JAMES
8255 SE GOVERNORS WAY
HOBE SOUND, FL 33455 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DPT () Delete
Name: COFFEY, JAMES,
Address: 8255 SE GOVERNORS WAY
City-St-Zip: HOBE SOUND, FL 33455

Title: VS () Delete
Name: COFFEY, MARGARET G.
Address: 8255 SE GOVERNORS WAY
City-St-Zip: HOBE SOUND, FL 33455

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VS (X) Change () Addition
Name: COFFEY, MARGARET G
Address: 8255 SE GOVERNORS WAY
City-St-Zip: HOBE SOUND, FL 33455

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES COFFEY

D

01/06/2004

Electronic Signature of Signing Officer or Director

Date