


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2004 8:00 am
Secretary of State

03-17-2004 90031 034 ***150.00

DOCUMENT # M71663 1. Entity Name JFI REAL ESTATE CORPORATION					
Principal Place of Business 11505 HWY 574 P.O. BOX 428 MANGO, FL 33550			Mailing Address 11505 HWY 574 P.O. BOX 428 MANGO, FL 33550		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address POST OFFICE BOX 428 Suite, Apt. #, etc.			
City & State Zip		City & State MAN60, FL Zip 33550		Country U.S.	
4. FEI Number 59-0828847		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 SOLANO, DANIEL T. 11505 HWY 574 MANGO, FL 33550			7. Name and Address of New Registered Agent Name ROBERT R. GARRETT Street Address (P.O. Box Number is Not Acceptable) 11505 E. BROADWAY City MAN60 FL Zip Code 33550		
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>Robert R. Garrett</i></u> ROBERT R. GARRETT D/P DATE 1/14/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</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	DP GARETT, ROBERT R <input type="checkbox"/> Delete 11505 HWY 574 MANGO, FL 33550		TITLE NAME STREET ADDRESS CITY-ST-ZIP	GARRETT, ROBERT R <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV JAE8, STEPHEN L. <input type="checkbox"/> Delete 1105 HWY 574 MANGO, FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV SACANO, DANIEL T <input type="checkbox"/> Delete 11595 HWY 574 MANGO, FL 33550		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SOLANO, DANIEL T <input checked="" 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	
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	
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	
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>Stephen L. Jaeb</i></u> Stephen L. Jaeb 2/16/04 813-681-5796 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					