

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90351 041 ****70.00

DOCUMENT # N00000002350

1. Entity Name

JARTA, INC.



Principal Place of Business

P.O. BOX 14384
TALLAHASSEE FL 32317

Mailing Address

P.O. BOX 14384
TALLAHASSEE FL 32317

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



MOORE

CR2E037 (11/03)

4. FEI Number

59-3655862

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

TILFORD, LILLIAN M
1595 LONNIE RD
TALLAHASSEE FL 32308

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

Patricia B. Jimenez
825 Ashlyn Forest Dr.

City

Tallahassee

FL

Zip Code

32303

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

Patricia B. Jimenez

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

Pat B. Jimenez

(NOTE: Registered Agent signature required when reinstating)

4/18/04

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	ED TILFORD, LILLIAN M 1595 LONNIE RD TALLAHASSEE FL 32308	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MD JIMENEZ, PATRICIA 3221 VARNELL DR. TALLAHASSEE FL 32309	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD DANIELS, NANCY ESQ. 301 S. MONROE ST. STE 401 TALLAHASSEE FL 32301	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CLEAR, TODD 899 10TH AVE NEW YORK NY 10019	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAMPTON-WEBSTER, ADRIENNE 1014 B CORRIN DR. TALLAHASSEE FL 32311	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT CARRINGTON, MERVYNN 2151 LAKE BROOKE DR TALLAHASSEE FL 32303	☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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 617, 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:

Lillian M. Tilford

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-18-04 850-888-7670

Date

Daytime Phone #