


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

May 02, 2005 08:00 AM
Secretary of State

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		Country		Country	
6. Name and Address of Current Registered Agent JIMENEZ, PATRICIA B 825 ASHLYN FOREST DR. TALLAHASSEE FL 32303				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 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 _____ (NOTE: Registered Agent signature required when reinstating)					
FILE NOW: FEE IS \$61.25 Due By May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make Check Payable to Florida Department of State					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	ED TILFORD, LILLIAN M <input type="checkbox"/> Delete 1595 LONNIE RD TALLAHASSEE FL 32308			TITLE NAME STREET ADDRESS CITY- ST- ZIP	U00000351559 <input type="checkbox"/> Change <input type="checkbox"/> Addition 05/02/05-80150-019 70.00
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MD JIMENEZ, PATRICIA <input type="checkbox"/> Delete 3221 VARNELL DR. TALLAHASSEE FL 32309			TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	CD DANIELS, NANCY ESQ. <input type="checkbox"/> Delete 301 S. MONROE ST. STE 401 TALLAHASSEE FL 32301			TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PD CLEAR, TODD <input type="checkbox"/> Delete 899 10TH AVE NEW YORK NY 10019			TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D HAMPTON-WEBSTER, ADRIENNE <input type="checkbox"/> Delete 1014 B CORRIN DR. TALLAHASSEE FL 32311			TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	DT CARRINGTON, MERVYNN <input type="checkbox"/> Delete 2151 LAKE BROOKE DR TALLAHASSEE FL 32303			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 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 <i>Lillian M Tilford</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				4-18-05 856-8787620 Date Daytime Phone #	