

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 04, 2006 8:00 am**  
**Secretary of State**

05-04-2006 90221 002 \*\*\*\*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

1st MOORE

CR2E037 (10/05)

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

JIMENEZ, PATRICIA B  
825 ASHLYN FOREST DR.  
TALLAHASSEE FL 32303

7. Name and Address of New Registered Agent

Name

LILLIAN M. TILFORD

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

805 ARLINGTON CIRCLE

City

QUINCY

FL

Zip Code

32351

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

LILLIAN M. TILFORD

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/18/06

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2006**

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 **ED** ☐ Delete  
NAME **TILFORD, LILLIAN M**  
STREET ADDRESS **1595 LONNIE RD**  
CITY-ST-ZIP **TALLAHASSEE FL 32308**

TITLE **MD** ☐ Delete  
NAME **JIMENEZ, PATRICIA**  
STREET ADDRESS **3221 VARNELL DR.**  
CITY-ST-ZIP **TALLAHASSEE FL 32309**

TITLE **CD** ☐ Delete  
NAME **DANIELS, NANCY ESQ.**  
STREET ADDRESS **301 S. MONROE ST. STE 401**  
CITY-ST-ZIP **TALLAHASSEE FL 32301**

TITLE **PD** ☐ Delete  
NAME **CLEAR, TODD**  
STREET ADDRESS **899 10TH AVE**  
CITY-ST-ZIP **NEW YORK NY 10019**

TITLE **D** ☐ Delete  
NAME **HAMPTON-WEBSTER, ADRIENNE**  
STREET ADDRESS **1014 B CORRIN DR.**  
CITY-ST-ZIP **TALLAHASSEE FL 32311**

TITLE **DT** ☐ Delete  
NAME **CARRINGTON, MERVYNN**  
STREET ADDRESS **2151 LAKE BROOKE DR**  
CITY-ST-ZIP **TALLAHASSEE FL 32303**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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

4/18/06 850-875-4643