

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000007529

FILED  
Jan 07, 2005  
Secretary of State

Entity Name: JESGOD CORPORATION

**Current Principal Place of Business:**

2015 13 STREET  
ST CLOUD, FL 34769

**New Principal Place of Business:**

**Current Mailing Address:**

2015 13 STREET  
ST CLOUD, FL 34769

**New Mailing Address:**

FEI Number: 20-0403501

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

FALOH, RICARDO M  
4834 LILLIAN BLACK ROAD  
ST CLOUD, FL 34771 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

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: FALOH, RICARDO M  
Address: 4834 LILLIAN BLACK RD  
City-St-Zip: ST CLOUD, FL 34771

Title: D (X) Delete  
Name: FALOH, JESSE A  
Address: 704 VIRGINIA LANE R  
City-St-Zip: APOPKA, FL 32703

Title: D (X) Delete  
Name: SCHNEIDER, HAROLD  
Address: 4503 PINE LAKE DRIVE  
City-St-Zip: ST CLOUD, FL 34767

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RICARDO M. FALOH

D

01/07/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date