

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 29, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # N97000005027**

1. Entity Name  
**JUST ENTERTAINMENT INC.**



Principal Place of Business

**3620 NE 8TH PLACE  
7 & 8  
OCALA, FL 34470**

Mailing Address

**3620 NE 8TH PLACE  
7 & 8  
OCALA, FL 34470**



01192004 No Chg-NP

CR2E037 (10/03)

4. FEI Number  
**59-3469641**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

**ALICEA, AMY  
1220 W. 20TH AVE 320 S.E. 22ND AVE  
OCALA, FL 34471**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

## 10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MD ALICEA, AMY 3210 SE 22 AVE OCALA, FL 34471
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD REGINALD, TRACY 3 HEMLOCK TERR TICK OCALA, FL 34472
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ADT WARNER, DENISE 749 S.E. 30TH AVE OCALA, FL 34471
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000021296  
01/29/04-80102-003 61.25

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-20-04 (312) 694-0601