

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 29, 2005 8:00 am
Secretary of State

06-29-2005 90001 009 ***150.00

DOCUMENT # P00000000973

1. Entity Name
JAGERS ENTERPRISES, INC.



Principal Place of Business
2218 BLACKHAWK STREET
CLERMONT, FL 34711

Mailing Address
2218 BLACKHAWK STREET
CLERMONT, FL 34711

50053992



2. Principal Place of Business

157 E. New England Ave
Suite, Apt. #, etc.
305

3. Mailing Address

5330 Mayfield Dr.
Suite, Apt. #, etc.

05202005 Chg-P CR2E034 (10/03)

City & State

Winter Park FL

City & State

Orlando FL

4. FEI Number
59-3647846

Applied For
Not Applicable

Zip

32789

Country

USA

Zip

32819

Country

USA

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GARRICK, DAVID JR
300 VIRGINIA STREET
CLERMONT, FL 34711

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

[Signature]

(NOTE: Registered Agent signature required when reinstating)

6/15/05

DATE

FILE NOW!!! FEE IS \$550.00
Due by September 7, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☐ Delete
NAME JAGERS, JACQUELINE
STREET ADDRESS 2218 BLACKHAWK STREET
CITY-ST-ZIP CLERMONT, FL 34711

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

TITLE ST ☐ Delete
NAME JAGERS, WILLIAM
STREET ADDRESS 2218 BLACKHAWK STREET
CITY-ST-ZIP CLERMONT, FL 34711

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

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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 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 607, 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] William Jagers
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/15/05
Date

352-247-8460
Daytime Phone #



**Jagers Enterprises
Industrial Medical**

ATTACHMENT

P0000000923
50053992

157 East New England Ave Suite 305 Winter Park, Florida 32789 Phone 407-647-4424 Fax 407-6474432

May 13, 2005

To Whom It May Concern:

I spoke with your internet department today, I apparently did not submit my payment correctly after filling out my changes on April 29, 2005. He advised me to send my \$ 150.00 in via regular mail.

Thank you for your help.

Sincerely,

Bill Jagers