2004 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P00000001346

1. Entity Name
JAKS OF BREVARD, INC.

Principal Place of Business	Mailing Address
4000 DOW ROAD #10 MELBOURNE, FL 32905	4000 DOW ROAD #10 MELBOURNE, FL 32905

DO NOT WRITE IN THIS SPACE

03172004　　No Chg-P　　CR2E034 (10/03)

4. FEI Number 59-3632505	Applied For
	Not Applicable

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

6. Name and Address of Current Registered Agent

JACKSON, JEFF
4000 DOW ROAD #10
MELBOURNE, FL 32905

DO NOT WRITE
IN THIS SPACE

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

FILE NOW!!! FEE IS $150.00 **After May 1, 2004 Fee will be $550.00**	9. Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	U00000141961 04/30/04-80032-018 158.75

10.	OFFICERS AND DIRECTORS	
TITLE	D	
NAME	JACKSON, JEFF	
STREET ADDRESS	4000 DOW ROAD #10	
CITY-ST-ZIP	MELBOURNE, FL 32905	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

DO NOT WRITE
IN THIS SPACE

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: _Jeff Jackson_　　4/28/04　　321-779-0970

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR　　Date　　Daytime Phone #