


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 19, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # P00000001913 1. Entity Name JAYEL ENTERPRISES, INC.	
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Principal Place of Business 1749 SHARONDALE DRIVE CLEARWATER, FL 33755	Mailing Address 1749 SHARONDALE DRIVE CLEARWATER, FL 33755
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**DO NOT WRITE IN THIS SPACE**



04102004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3618662	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent  BEINEKE, JAIMIE 1754 SHARONDALE DRIVE CLEARWATER, FL 33755
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**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: <i>Jaimie Beineke</i> <small>Signature, typed or printed name of registered agent and title if applicable</small>	DATE: <i>4-17-04</i> <small>(NOTE: Registered Agent signature required when reinstating)</small>

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LATHAM, LEON R 1749 SHARONDALE DRIVE CLEARWATER, FL 33755
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST LATHAM, JULIA A 1749 SHARONDALE DRIVE CLEARWATER, FL 33755
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U00000120990  
04/20/04-80032-007 158.75

**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)(f), 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: <i>Julia A. Latham</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	DATE: <i>04-10-04</i> DAYTIME PHONE #: <i>727-424-4196</i>