2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2006 8:00 am
Secretary of State
02-23-2006 90013 021 ***150.00

DOCUMENT # P00000001913

1. Entity Name
JAYEL ENTERPRISES, INC.

Principal Place of Business	Mailing Address
~~1754 SHARONDALE DRIVE~~ ~~CLEARWATER, FL 33755~~	~~1754 SHARONDALE DRIVE~~ ~~CLEARWATER, FL 33755~~

400016...

01132006 Chg-P CR2E034 (11/05)

2. Principal Place of Business	3. Mailing Address
1513 NE 673 Street	1513 NE 673 Street
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Old Town, FL	City & State: Old Town, FL
Zip: 32680 Country: Dixie	Zip: 32680 Country: Dixie

4. FEI Number: 59-3618662 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BEINEKE, JAIMIE Jamie 1754 SHARONDALE DRIVE CLEARWATER, FL 33755	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] Jamie Beineke 2-18-06
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, 2006 Fee will be $550.00

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	P LATHAM, LEON R 1754 SHARONDALE DRIVE CLEARWATER, FL 33755	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P Latham, Leon R. 1513 NE 673 Street Old Town, FL 32680	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST LATHAM, JULIA A 1749 SHARONDALE DRIVE CLEARWATER, FL 33755	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST Latham, Julia A. 1513 NE 673 Street Old Town, FL 32680	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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] Julia A. Latham 02/15/06 352-542-0853
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #