


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 21, 2004 8:00 am**  
**Secretary of State**

04-21-2004 90050 022 \*\*\*150.00

<b>DOCUMENT # P00000021818</b> 1. Entity Name <b>JOLA, INCORPORATED</b>					
Principal Place of Business <b>4010 W NEWBERRY RD STE B GAINESVILLE FL 32607</b>			Mailing Address <b>4010 W NEWBERRY RD STE B GAINESVILLE FL 32607</b>		
2. Principal Place of Business <b>408 W. UNIVERSITY AVE</b>		3. Mailing Address <b>408 W. UNIVERSITY AVE</b>			
Suite, Apt. #, etc. <b>SUITE 303</b>		Suite, Apt. #, etc. <b>SUITE 303</b>			
City & State <b>GAINESVILLE, FL</b>		City & State <b>GAINESVILLE, FL</b>			
Zip <b>32601</b>	Country <b>US</b>	Zip <b>32601</b>	Country <b>US</b>		
6. Name and Address of Current Registered Agent  <b>OWENS, JACQUELINE 4010 W NEWBERRY RD ST B GAINESVILLE FL 32607</b>			7. Name and Address of New Registered Agent Name <b>JACQUELINE OWENS</b> Street Address (P.O. Box Number is Not Acceptable) <b>408 W. University Avenue</b> <b>Suite 303</b> City <b>Gainesville</b> <b>FL</b> Zip Code <b>32601</b>		
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 <u><i>Jacqueline Owens</i></u> DATE <u>4.19.2004</u> <small>Signature, typed or printed name of registered agent and title if applicable. (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> <b>Make Check Payable to Florida Department of State</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> 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	PD OWENS, JACQUELINE 4010 W NEWBERRY RD STE B GAINESVILLE FL 32607	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JACQUELINE OWENS 408 W. University Ave, SUITE 303 GAINESVILLE, FL 32601	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD 	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD 	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD 	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD 	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD 	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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: <u><i>Jacqueline Owens</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		4.19.2004 352-377-3430 <small>Date Daytime Phone #</small>			