

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2004 8:00 am
Secretary of State

04-22-2004 90067 036 ***150.00

DOCUMENT # P00000031479					
1. Entity Name STRAIT JACKET, INC.					
Principal Place of Business 315 N.E. THIRD AVENUE SUITE 200 FORT LAUDERDALE, FL 33301			Mailing Address 6160 SUMMIT DR SUITE 150 MINNEAPOLIS, MN 55430		
2. Principal Place of Business 26924 MCLAUGHLIN BLVD.		3. Mailing Address Suite, Apt. #, etc.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04192004 Chg-P CR2E034 (10/03)	
City & State BONITA SPRINGS, FL		City & State		4. FEI Number 41-1967183	
Zip 34134		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent RANDGARD, THOMAS M 315 N.E. THIRD AVENUE SUITE 200 FORT LAUDERDALE, FL 33301			7. Name and Address of New Registered Agent Name: RANDGAARD, THOMAS M. Street Address (P.O. Box Number is Not Acceptable): 26924 MCLAUGHLIN BLVD. City: BONITA SPRINGS, FL Zip Code: 34134		
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: _____ (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 <input type="checkbox"/> \$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	D RANDGARD, THOMAS M 315 N.E. THIRD AVENUE SUITE 200 FORT LAUDERDALE, FL 33301	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	RANDGAARD, THOMAS, M. 26924 MCLAUGHLIN BLVD BONITA SPRINGS, FL 34134	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFOT BARRETT, MICHAEL 6160 SUMMIT DR. SUITE #150 MINNEAPOLIS, MN 55430	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			4-19-04 Date Daytime Phone #		