2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 19, 2004 8:00 am Secretary of State 03-19-2004 90054 007 ***150.00

DOCUMENT # P0000047515 1. Entity Name JARMANN OF CAPE CORAL, INC.												
Principal Place 904 S.E. 14T CAPE CORAL,	H AVENUE	904 \$	Mailing Address 904 S.E. 14TH AVENUE CAPE CORAL, FL 33990				94032694					
2. Principal Place of Business			3. Mailing Address									
Suite, Apt.	#, etc.	Suite	Suite, Apt. #, etc.			01:	262004	Chg-P	CR2E0	34 (10/03)	•	
City & State	3	City	City & State				4. FEI Number Applied F 65-1006459 Not Applie				Applicable	
Zip Country		Zip			try	5. Certificate of Status Desired				\$8.75 Additional Fee Required		
	6. Name and Addres	s of Current Registere	d Agent		7. Name and Address of New Registered Agent Name							
CAPITAL CONNECTION, INC. 417 E. VIRGINIA STREET					Street Address (P.O. Box Number is Not Acceptable)							
SUITE 1 TALLAHASSEE, FL 32301												
					City	y 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												
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 - 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees												
1/1		FICERS AND DIRECTO		11.				HANGES TO OFF	ICERS AND			
NAME , STREET ADDRESS CITY-ST-ZIP	D MANN, RICHARD C 904 S.E. 14TH AVEN CAPE CORAL, FL 3	~ 1	☐ Delete		EET ADDRESS	lare, L 122 B	reside inda ayou to e FC		,nE	☐ Change	Addition	
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12. I hereby	certify that the information	supplied with this filing	does not qualify for	the exe	mption stated	in Section	119.07(3)(i), Florida Statutes.	I further ce	rtify that the in	formation	

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.

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SIGNATURE: Wata & Mari Dara L. Mann
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-28-04

239-574-5001