


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 14, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P00000077838</b>	
1. Entity Name JERAH, CO.	

Principal Place of Business 302 SOUTHARD ST 204 KEY WEST, FL 33040	Mailing Address PO BOX 4153 KEY WEST, FL 33041
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DO NOT WRITE IN THIS SPACE



01042005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0884712	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  DASPER, WAYNE 302 SOUTHARD ST SUITE 204 KEY WEST, FL 33040	
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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 \_\_\_\_\_


<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD EOM, KYONG R 22877 PRIVATEER DR. CUDJOE KEY, FL 33042
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT MYRICK, TONJA 1208 STRAUSBERG ST ACCOKEEK, MD 20607
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD DAPSER, WAYNE 302 SOUTHARD ST, SUITE 204 KEY WEST, FL 330406537
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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:**  **KYONG R EOM** **2/10/05** **305-745-2212**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #