


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 10, 2004 08:00 AM
Secretary of State

DOCUMENT # P00000099094 1. Entity Name JAZZPER CAPITAL, INC.	
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Principal Place of Business 8099 PALOMINO DRIVE NAPLES, FL 34113	Mailing Address 8099 PALOMINO DRIVE NAPLES, FL 34113
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DO NOT WRITE IN THIS SPACE



02052004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3679377	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**NOVATT, JEFF M ESQ
821 FIFTH AVENUE SOUTH
SUITE 201
NAPLES, FL 34102**

**DO NOT WRITE
IN THIS SPACE**

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 renewing) 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
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD PERKINS, JOHN H 20940 ISLAND SOUND CIRCLE STE 203 ESTERO, FL 33928
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD SOLOMON, A J 3185 HORSESHOE DRIVE NAPLES, FL 34104
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD BENNETT, DAVID C 8099 PALOMINO DRIVE NAPLES, FL 34113
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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IN THIS SPACE**

UD00000044752
02/11/04-80035-012 150.00

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: BY: David C. Bennett, DAVID C BENNETT, a Director 02/05/04 239-649-6310

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