


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 08, 2005 08:00 AM
Secretary of State

DOCUMENT # P01000053352 1. Entity Name JORDAN AND ASSOCIATES, INC. OF ST. AUGUSTINE	
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Principal Place of Business
709 CHARMWOOD DR.
ST. AUGUSTINE, FL 32086

Mailing Address
709 CHARMWOOD DR.
ST. AUGUSTINE, FL 32086



03102005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3719045	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

JORDAN, GARY W
709 CHARMWOOD DR.
ST. AUGUSTINE, FL 32086

**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 _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD JORDAN, GARY W 709 CHARMWOOD DR. ST. AUGUSTINE, FL 32086
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD JORDAN, KAREN F 709 CHARMWOOD DR. ST. AUGUSTINE, FL 32086
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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04/08/05-80001-014 150.00

**DO NOT WRITE
IN THIS SPACE**

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

3-10-05

Date

904-825-0600

Daytime Phone #