

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 12, 2004 08:00 AM
Secretary of State

DOCUMENT # P01000063764 1. Entity Name JTS IMPACT, INC.	
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Principal Place of Business 12274 SANNEWOODS LN WELLINGTON, FL 33414	Mailing Address 12274 SANNEWOODS LN WELLINGTON, FL 33414
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent SULLIVAN, JEFFREY 12274 SANNEWOODS LANE WELLINGTON, FL 33414
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02262004 No Chg-P CR2E034 (10/03)

4. FCI Number 65-1118930	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

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 the if applicable (NOTE: Registered Agent signature required when reconstituting) DATE _____

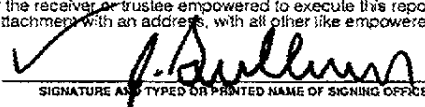
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SULLIVAN, JEFF 12274 SANNEWOODS LN WELLINGTON, FL 33414
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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04/12/04-80015-010 150.00

**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)(f), 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:  **4/9/04**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #