


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 02, 2005 08:00 AM
Secretary of State

DOCUMENT # P01000085654 1. Entity Name JAHF, INC.	
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Principal Place of Business 301 EAST PINE ST., STE. 1400 ORLANDO, FL 32801	Mailing Address 301 EAST PINE ST., STE. 1400 ORLANDO, FL 32801
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DO NOT WRITE IN THIS SPACE



01292005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3742069	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 PRICE, PAMELA O 301 EAST PINE ST., STE. 1400 ORLANDO, FL 32801
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**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 reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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 CENTER, AMY O 301 EAST PINE ST., STE. 1400 ORLANDO, FL 32801
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSTD PRICE, JANET D 301 EAST PINE ST., STE. 1400 ORLANDO, FL 32801
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PRICE, PAMELA O 301 EAST PINE ST., STE. 1400 ORLANDO, FL 32801
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PRICE, CHARLES T 301 EAST PINE ST., STE. 1400 ORLANDO, FL 32801
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

1000000210724
02/02/05-80089-020 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(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:  V.P. 1-28-05	Date	Daytime Phone #
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		