

2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED

06 AUG 16 AM 8:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



08012006 Chg-P CR2E034 (11/05)

DOCUMENT # P01000089665

1. Entity Name
JADE EVENT MANAGEMENT, INC.



Principal Place of Business
**7021 BAYOU WEST AVE
PINELLAS PARK, FL 33782**

Mailing Address
**7021 BAYOU WEST AVE
PINELLAS PARK, FL 33782**

2. Principal Place of Business
179 Hilltop Court
Suite, Apt. #, etc.

3. Mailing Address
179 Hilltop Court
Suite, Apt. #, etc.

City & State
Lake Lure NC

City & State
Lake Lure NC

Zip
28746 Country

Zip
28746 Country

4. FEI Number
59-3745092

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**MCGOWAN, DAWN
7021 BAYOU WEST AVE.
PINELLAS PARK, FL 33782**

7. Name and Address of New Registered Agent

Name **Johnson, James**

Street Address (P.O. Box Number is Not Acceptable)
7190 Seminole Blvd

City **Seminole** FL Zip Code **33772**

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 **James Johnson** DATE **08/14/06**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Amended AR is \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MCGOWAN, DAWN 7021 BAYOU WEST AVE. PINELLAS PARK, FL 33782 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD McGowan, Dawn 179 Hilltop Court Lake Lure, NC 28746 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSTD MCGOWAN, JOSEPH 7021 BAYOU WEST AVE. PINELLAS PARK, FL 33782 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSTD McGowan Joseph 179 Hilltop Court Lake Lure NC 28746 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	900079885809 08/18/06==01045==023 **70.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: **Dawn McGowan** President **8/16/06** (828) 625-7007

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