

**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 91014 031 \*\*\*150.00

**DOCUMENT # P01000095060**

1. Entity Name  
**JOLAVE, INC.**



Principal Place of Business  
 2740 US 1 SOUTH  
 ST AUGUSTINE, FL 32086

Mailing Address  
 2740 US 1 SOUTH  
 ST AUGUSTINE, FL 32086

JOLAVE



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.  
 160 SR 312

Suite, Apt. #, etc.  
 160 SR 312

04102004 Chg-P CR2E034 (10/03)

City & State  
 St. Augustine, Fl.

City & State  
 St. Augustine, Fl.

4. FEI Number  
 59-3746432

Applied For  
 Not Applicable

Zip Country

Zip Country

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

**6. Name and Address of Current Registered Agent**

**GREENHALGH, JOHN**  
 2740 US 1 SOUTH  
 ST AUGUSTINE, FL 32086

**7. Name and Address of New Registered Agent**

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

3. 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, 2004 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	<input type="checkbox"/> Delete
DP	GREENHALGH, JOHN	813 LAKE CRESCENT CT	ST AUGUSTINE, FL 32092	<input type="checkbox"/>
DST	GREENHALGH, LAURA	813 LAKE CRESCENT CT	ST AUGUSTINE, FL 32092	<input type="checkbox"/>
				<input type="checkbox"/>

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Additic
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *L.A. Greenhalgh* (L.A. GREENHALGH)  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/04  
 Date

904-797-7033  
 Daytime Phone #