

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000095060

1. Entity Name  
JOLAVE, INC.



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

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

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

Mailing Address  
2740 US 1 SOUTH  
ST AUGUSTINE, FL 32086

JOLAVE, INC.



2. Principal Place of Business

3. Mailing Address

04102004 Chg-P CR2E034 (10/03)

Suite, Apt. #, etc.  
160 SR 312

Suite, Apt. #, etc.  
160 SR 312

4. FEI Number  
59-3746432

Applied For  
Not Applicable

City & State  
St. Augustine, Fl.

City & State  
St. Augustine, Fl.

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

Zip Country

Zip Country

## 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 DP ☐ Delete  
NAME GREENHALGH, JOHN  
STREET ADDRESS 813 LAKE CRESCENT CT  
CITY - ST - ZIP ST AUGUSTINE, FL 32092

TITLE DST ☐ Delete  
NAME GREENHALGH, LAURA  
STREET ADDRESS 813 LAKE CRESCENT CT  
CITY - ST - ZIP ST AUGUSTINE, FL 32092

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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

TITLE ☐ Change ☐ Add

NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Change ☐ Add

NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Change ☐ Add

NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Change ☐ Add

NAME  
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TITLE ☐ Change ☐ Add

NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Change ☐ Add

NAME  
STREET ADDRESS  
CITY - ST - ZIP

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 #