2004 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

changed, or on an attachme

SIGNATURE:

with an address

with all other like empowered.

E AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mar 02, 2004 8:00 am Secretary of State DOCUMENT # P02000017918 1. Entity Name 03-02-2004 90023 050 ***150 00 JAY HARTSOCK ENTERPRISES, INC. Principal Place of Business Mailing Address **CIGTIOUT** 3040 HARTSOCK SAWMILL RD LADY LAKE FL 32159 3040 HARTSOCK SAWMILL RD LADY LAKE FL 32159 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE . CR2E034 (11/03) City & State City & State Applied For 4. FEI Number 01-0601772 Not Applicable Zip Country Country Zio \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HARTSOCK, JAY Street Address (P.O. Box Number is Not Acceptable) 3040 HARTSOCK SAWMILL RD LADY LAKE FL 32159 City Zip Code 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 title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. PDVST DVST Change ☐ Addition TITLE ☐ Delete TITLE Hartsock, Jay HARTSOCK, JAY NAME NAME 3040 Hartsock Sawmill Rd STREET ADDRESS 3040 HARTSOCK SAWMILL RD STREET ADDRESS CITY-ST-ZIP LADY LAKE FL 32159 CITY-ST-ZIP 19dy lake 181 32159 Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME Hartsock, Mariane 3040 Hartsack Sawmill Rd STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY - ST - 7IP TITLE ☐ Delete Change Addition TITLE NAME: NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE ☐ Change TITLE ☐ Delete TITLE Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE □ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 if

FILED