


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2005 8:00 am
Secretary of State

04-08-2005 90074 008 ***150.00

DOCUMENT # P02000027774					
1. Entity Name JADE PALMS HEALTH AND HEALING CENTER, P.A.					
Principal Place of Business 514 OCEAN AVENUE SUITE 5 MELBOURNE, FL 32951			Mailing Address 514 OCEAN AVENUE SUITE 5 MELBOURNE, FL 32951		
2. Principal Place of Business <i>18 S RIVERSIDE DR</i>		3. Mailing Address <i>18 S. RIVERSIDE DR</i>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <i>INDIALANTIC FL</i>		City & State <i>INDIALANTIC FL</i>		4. FEI Number 01-0643959	
Zip <i>32903</i>		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
City & State <i>INDIALANTIC FL</i>		City & State <i>INDIALANTIC FL</i>		6. Name and Address of Current Registered Agent DYSARD, JENNIFER LYN 2273 VENETIA PL. INDIALANTIC, FL 32903	
Zip <i>32903</i>		Country		7. Name and Address of New Registered Agent Name <i>JENNIFER LYN NAFE</i> Street Address (P.O. Box Number is Not Acceptable) <i>175 SAND DOLLAR RD</i> City <i>INDIALANTIC</i> FL Zip Code <i>32903</i>	
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: <i>J. Nafe, President</i> DATE: <i>4/5/05</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
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		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DYSARD, JENNIFER LYN 41 S. ATLANTIC AVENUE COCOA BEACH, FL 32391	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>NAFE, JENNIFER LYN</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>175 SAND DOLLAR RD</i> <i>INDIALANTIC FL 32903</i>
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
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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 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 changed, or on an attachment with an address with all other like empowered.					
SIGNATURE: <i>J. Nafe, President</i>			DATE: <i>4/5/05</i> 321-960-6959		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		