

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

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04 JUN 23 PM 3:13

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

04/30/04 90292 008 \$150.00



04062004 Chg-P CR2E034 (10/03)

<b>DOCUMENT # P02000035238</b> 1. Entity Name <b>JEDI MARKETING CONCEPTS, INC.</b>					
Principal Place of Business <b>12101 N. DALE MABRY HWY., #1605 TAMPA, FL 33618</b>			Mailing Address <b>PO BOX 340261 TAMPA, FL 33694</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>01-0653302</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>YOUNG, JAMES E 12101 N. DALE MABRY HWY., #1605 TAMPA, FL 33688</b>				7. Name and Address of New Registered Agent Name <b>YOUNG, JAMES E.</b> Street Address (P.O. Box Number is Not Acceptable) <b>18103 SAILFISH DRIVE</b> Apt. C City <b>1072</b> <b>FL</b> Zip Code <b>33558</b>	
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 <u><i>James E. Young</i></u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE <b>5/30/04</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PS, S, T</b> <b>YOUNG, JAMES E</b> <b>PO BOX 340261</b> <b>TAMPA, FL 33694</b> <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	<b>V</b> <b>YOUNG, JAMES P II</b> <b>4263 LOSCO ROAD, APT. 1424</b> <b>JACKSONVILLE, FL 32257</b> <input checked="" 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	
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 exemption stated in Section 119.07(3)(l), 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: <u><i>James E. Young</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			DATE <b>5/30/04</b> <small>Date Daytime Phone #</small>		