2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## Feb 09, 2004 08:00 AM DOCUMENT # P02000040940 **Secretary of State** 1. Entity Name JORDAN PROFESSIONAL SERVICES, INC. Principal Place of Business Mailing Address 3050 BISCAYNE BLVD STE 1008 MIAMI FL 33137 3050 BISCAYNE BLVD STE 1008 **MIAMI FL 33137** 2. Principal Place of Business 3. Mailing Address Suite. Apt. #. etc. Suite, Apt. #, etc. CR2E034 (11/03) City & State City & State 4. FEI Number Applied For 01-0692249 Not Applicable Zεp Country ZiD Country \$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 Name JORDAN, WILLIAM R III 3050 BISCAYNE BLVD STE 1008 Street Address (P.O. Box Number is Not Acceptable) **MIAMI FL 33137** 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, typed or printed name of registered again and title if applicable (NOTE Registered Agent signature required when reinstating) 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. $\Box$ Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE **PVST** Delete TITLE Change Addition U000000043115 JORDAN, WILLAIM R III NAME 82/18/04-80048-807 150.00 3050 BISCAYNE BLVD STE 1008 STREET ADDRESS STREET ADDRESS MIAMI FL 33137 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete SITLE ☐ Change ☐ Addition JORDAN, WILLAIM R III NAME NAME STREET ADDRESS 3050 BISCAYNE BLVD STE 1008 STREET ADDRESS DITY-ST-ZIP MIAMI FL 33137 CITY-ST-ZIP TITLE Delete BUS Change Addition NAME HAME STREET ADDRESS STREET ADDRESS CITY-ST-73P CITY-ST-ZIP TITLE TITLE ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY+ST-7IP TITLE Delete TETLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS City-St-ZiP CITY - ST- ZIP THILE ☐ Delete THLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

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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 507, 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

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