


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2004 8:00 am
Secretary of State

04-12-2004 90295 005 ***150.00

DOCUMENT # P02000042162		
1. Entity Name JIGS 2, INC.		

Principal Place of Business 5510 W. LASALLE STREET SUITE 200 TAMPA, FL 33607	Mailing Address 5510 W. LASALLE STREET SUITE 200 TAMPA, FL 33607
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94048896



2. Principal Place of Business 226 37th Ave N Suite, Apt. #, etc.	3. Mailing Address 226 37th Ave N Suite, Apt. #, etc.
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03312004 Chg-P CR2E034 (10/03)

City & State St. Petersburg, FL Zip 33704 Country USA	City & State St. Petersburg, FL Zip 33704 Country USA
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4. FEI Number 41-2038221	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75-Additional Fee Required
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6. Name and Address of Current Registered Agent MELLODY, JAMES M 5510 W. LASALLE STREET SUITE 200 TAMPA, FL 33607	
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7. Name and Address of New Registered Agent Name Jeanette Melody Street Address (P.O. Box Number is Not Acceptable) 908 Hemmingway Circle City Tampa FL Zip Code 33602	
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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: _____ (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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCHALE, THOMAS 5510 W. LASALLE STREET TAMPA, FL 33607 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Thomas McHale 226 37th Ave N St. Petersburg, FL 33704 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MELLODY, JEANETTE 5510 W LASALLE ST, STE. 200 TAMPA, FL 33607 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Jeanette Melody 908 Hemmingway Circle Tampa, FL 33602 <input checked="" 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)(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: 	Date 4-1-04	Daytime Phone # 813 969 4647
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