

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 28, 2004 8:00 am
Secretary of State

06-28-2004 90011 006 ***150.00

DOCUMENT # P02000064425 1. Entity Name JESSICA OTTING, INC.					
Principal Place of Business 85 JOYCE STREET SAFETY HARBOR, FL 34695			Mailing Address 85 JOYCE STREET SAFETY HARBOR, FL 34695		
2. Principal Place of Business 325 5th Ave N Suite, Apt. #, etc.			3. Mailing Address 325 5th AVE N Suite, Apt. #, etc.		
City & State Safety Harbor, FL		City & State Safety Harbor, FL		4. FEI Number 03-0464638	
Zip 34695		Country USA		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent OTTING, JESSICA 85 JOYCE STREET SAFETY HARBOR, FL 34695				7. Name and Address of New Registered Agent Name JESSICA OTTING Street Address (P.O. Box Number is Not Acceptable) 325 5th AVE N City Safety Harbor FL Zip Code 34695	
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>Jessica Otting</u> DATE <u>6-23-04</u> Signature, typed or printed name of registered agent and date is required. (NOTE: Registered agent signature required when reappointing)					
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004		9. Election Campaign Financing ☐ \$5.00 May Be Added to Fees		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P OTTING, JESSICA 85 JOYCE STREET SAFETY HARBOR, FL 34695	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JESSICA OTTING 325 5th AVE N SAFETY HARBOR, FL 34695	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP OTTING, JERROD 85 JOYCE STREET SAFETY HARBOR, FL 34695	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP JERROD OTTING 325 5th AVE N SAFETY HARBOR, FL 34695	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	☐ Change ☐ 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 another like empowered.					
SIGNATURE: <u>Jessica Otting</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date <u>6/23/04</u> Daytime Phone # <u>727-723 7616</u>		