
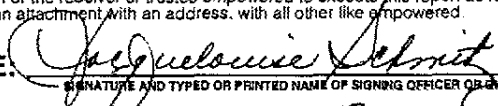


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 16, 2004 08:00 AM
Secretary of State

DOCUMENT # P02000098652		
1. Entity Name JET ENTERPRISES OF SARASOTA, INC.		
Principal Place of Business 4143 CENTER GATE BLVD SARASOTA, FL 34233 US		Mailing Address 4143 CENTER GATE BLVD SARASOTA, FL 34233 US
DO NOT WRITE IN THIS SPACE		
		04132004 No Chg-P CR2E034 (10/03)
		4. FEI Number 50-0005735
		Applied For Not Applicable
		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent		
SCHMITZ, JACQUELOUISE 4143 CENTER GATE BLVD SARASOTA, FL 34233		DO NOT WRITE IN THIS SPACE
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
10. OFFICERS AND DIRECTORS		U000000116358 04/16/04-00061-013 158.75
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	P SCHMITZ, JACQUELOUISE 4143 CENTER GATE BLVD SARASOTA, FL 34233	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	ST CARLSON, TERRILL L II 2737 WISTERIA PLACE SARASOTA, FL 34239	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	VP BLAKE, EILEEN L 4633 ATLANTIC AVENUE SARASOTA, FL 34233	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D SCHMITZ, ROBERT L SR 4143 CENTER GATE BLVD SARASOTA, FL 34233	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D WARDLAW, JACQUELYN D 5364 CRESTLAKE BLVD. SARASOTA, FL 34233	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		
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:  JACQUELOUISE SCHMITZ		4/14/04 941-371-6800 Date Daytime Phone #