

**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 17, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # P02000109745**

1. Entity Name  
**JAG ENTERPRISES & ASSOCIATES INC.**



Principal Place of Business      Mailing Address

316 PATRICK CIRCLE      316 PATRICK CIRCLE  
 MELBOURNE, FL 32901      MELBOURNE, FL 32901

**DO NOT WRITE IN THIS SPACE**



01062005    No Chg-P    CR2E034 (10/03)

4. FEI Number      Applied For  
 01-0750947      Not Applicable

5. Certificate of Status Desired        \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GILLETTI, JOE  
 316 PATRICK CIRCLE  
 MELBOURNE, FL 32901

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.        \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	GILLETTI, JOE
STREET ADDRESS	316 PATRICK CIRCLE
CITY-ST-ZIP	MELBOURNE, FL 32901
TITLE	DV
NAME	GILLETTI, CODY
STREET ADDRESS	316 PATRICK CIRCLE
CITY-ST-ZIP	MELBOURNE, FL 32901
TITLE	DT
NAME	GILLETTI, RYAN
STREET ADDRESS	316 PATRICK CIRCLE
CITY-ST-ZIP	MELBOURNE, FL 32901
TITLE	DS
NAME	GILLETTI, HEATHER
STREET ADDRESS	316 PATRICK CIRCLE
CITY-ST-ZIP	MELBOURNE, FL 32901
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

100000267349  
 03/17/05-80066-011 150.00

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 officers empowered.

SIGNATURE: Joseph A. Gillett      3/14/05      321-707-1327  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #