


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

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

<b>DOCUMENT # P02000109745</b> 1. Entity Name JAG ENTERPRISES & ASSOCIATES INC.	
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Principal Place of Business 316 PATRICK CIRCLE MELBOURNE, FL 32901	Mailing Address 316 PATRICK CIRCLE MELBOURNE, FL 32901
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01062005 No Chg-P CR2E034 (10/03)

4. FEI Number 01-0750947	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  GILLETTI, JOE 316 PATRICK CIRCLE MELBOURNE, FL 32901
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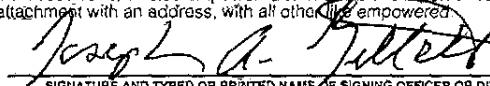
<b>DO NOT WRITE IN THIS SPACE</b>
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent	
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP GILLETTI, JOE 316 PATRICK CIRCLE MELBOURNE, FL 32901
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV GILLETTI, CODY 316 PATRICK CIRCLE MELBOURNE, FL 32901
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT GILLETTI, RYAN 316 PATRICK CIRCLE MELBOURNE, FL 32901
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS GILLETTI, HEATHER 316 PATRICK CIRCLE MELBOURNE, FL 32901
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

<p>1000000267349 03/17/05-80066-011 150.00</p> <b>DO NOT WRITE IN THIS SPACE</b>
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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)(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 duly empowered	
SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	3/14/05 321-707-1327 Date Daytime Phone #