

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 17, 2006 08:00 AM
Secretary of State

DOCUMENT # P02000109745

1. Entity Name
JAG ENTERPRISES & ASSOCIATES INC.



Principal Place of Business
**316 PATRICK CIRCLE
MELBOURNE, FL 32901**

Mailing Address
**316 PATRICK CIRCLE
MELBOURNE, FL 32901**



04082006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
01-0750947

Applied For
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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 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	

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05/01/06-80075-025 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

Joseph A. Gilletti
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOSEPH A. GILLETTI

4/13/06 321-727-1327

Date

Daytime Phone #