## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 12, 2004 8:00 am Secretary of State

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DOCUMENT # P02000129047  1. Entity Name JESSELYN INC.					· •	04-12-2004	90307 (	005 ***15	0.00	
Principal Place	e of Business	Mailing Address								
	FLAGLER DRIVE	515 NORTH FLAGLER DR	N/F			(	AAA	9596		
SUITE R-507		SUITE R-507	446			•	1404	1110		
	BEACH, FL 33401	WEST PALM BEACH, FL	33401							
WESTINETI	DE 1011, 1 2 33 10 1			l						
2. Principal P	Place of Business	3. Mailing Address								
SOT A	UD. OLIVE AVENUE	507 No. OL	VE AVEN	NE	1 18811863 113	Metric (184) Aeth cenn cenn		IIII <b>40</b> 111 61611 698	1881 II (88)	
Suite, Apt.		Suite, Apt. #, etc.			04040004	Ch- D	CDOE	00/10/00		
00.10[1.45	, 2.2.	, , ,			01312004	Chg-P	CHZEU	34 (10/03)		
City & State	ea a	City & State			4. FEI Numb	er		Ар	plied For	
	PARM BOACH FL	WEST YALM B	EACH F	L	57-114	3600		No	t Applicable	
Zip	Country	Zip	Country					<b>\$8.75</b> Add	itional	
3340	1) USA	33401	USA		5. Certificate	of Status Desired		Fee Required		
<u> </u>	6. Name and Address of Current	<u> </u>	7	<u>_</u>	7. Name and	Address of New R	egistered /	Agent		
<b>≥</b>	************************************		Name_			<u> </u>		-		
GLENN R	RICHARD W									
GLENN, RICHARD W 4 HARVARD CIRCLE				Street Address (P.O. Box Number is Not Acceptable)						
SUITE 600										
	LM BEACH, FL 33409				•					
			City					Zip Code		
		-	City				FL	•   Zip Code	•	
	e named entity submits this statement for tions of registered agent.	r the purpose of changing its re	egistered office o	r registere	ed agent, or bo	th, in the State of Flo	orida. I am	familiar with,	and accept	
j										
SIGNATURE_										
	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: I	Registered Agent signat	ure required	when reinstating)		DATE			
	.E NOW!!! FEE IS \$150.00	<ol><li>9. Election Campaig</li></ol>			OO 14 D-					
					<b>00</b> May Be	-				
After Ma	ay 1, 2004 Fee will be \$550.				ed to Fees					
	ay 1, 2004 Fee will be \$550.	Trust Fund Contrit	oution.		ed to Fees	CHANGES TO OFF	ICERS AND	, DIRECTORS	SIN 11	
10.	ay 1, 2004 Fee will be \$550.	Trust Fund Contrit DIRECTORS	oution.	Adde	ad to Fees ADDITIONS	CHANGES TO OFF	ICERS AND			
10.	OFFICERS AND	Trust Fund Contrit	11.	Àdde	ADDITIONS			DIRECTORS  Change	S IN 11	
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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)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-10/04 835455