

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 29, 2004 8:00 am**  
**Secretary of State**

04-29-2004 90317 050 \*\*\*150.00

**DOCUMENT # P03000004603**

1. Entity Name

JAG II ENTERPRISES, INC.



Principal Place of Business

PO BOX 2028  
SANFORD FL 32772

Mailing Address

PO BOX 2028  
SANFORD FL 32772

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

54-2313415

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GUNTER, JOSEPH A SR.  
153 WOODRIDGE TRAIL  
SANFORD FL 32771

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 2004 Fee will be \$550.00.**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete

NAME GUNTER, JOSEPH A SR

STREET ADDRESS PO BOX 2028

CITY-ST-ZIP SANFORD FL 32772

TITLE DV ☐ Delete

NAME GUNTER, ETHEL

STREET ADDRESS PO BOX 2028

CITY-ST-ZIP SANFORD FL 32772

TITLE DV ☐ Delete

NAME GUNTER, JERRY

STREET ADDRESS 1421 VALENCIA COURT

CITY-ST-ZIP HAINES CITY FL 33844

TITLE DST ☐ Delete

NAME WELLS, THEOBIE JR.

STREET ADDRESS PO BOX 1334

CITY-ST-ZIP SANFORD FL 32772

TITLE *Joseph A Gunter II* ☐ Delete

NAME *PO BOX 2028*

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE *DV* ☐ Change ☒ Addition

NAME *Joseph A Gunter II*

STREET ADDRESS *PO BOX 2028*

CITY-ST-ZIP *Sanford FL 32772*

TITLE *ASST SEC* ☐ Change ☒ Addition

NAME *Kirstyn T. Gunter*

STREET ADDRESS *PO BOX 2028*

CITY-ST-ZIP *Sanford FL 32772*

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*04/26/04*

*407-322-7002*  
*407-321-0532*