

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000021137

Entity Name: JAHVEE ENTERPRISE, INC.

FILED  
Mar 07, 2005  
Secretary of State

## Current Principal Place of Business:

1726 RYAR RD.  
JACKSONVILLLE, FL 32247

## New Principal Place of Business:

1943 PERRY STREET  
JACKSONVILLLE, FL 32206

## Current Mailing Address:

P.O. BOX 47273  
JACKSONVILLE, FL 32247

## New Mailing Address:

FEI Number: 06-1681094

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

EZIEMEFE, GODSLOVE  
1726 RYAR RD.  
JACKSONVILLLE, FL 32247 US

## Name and Address of New Registered Agent:

EZIEMEFE, GODSLOVE  
1943 PERRY STREET  
JACKSONVILLLE, FL 32206 US

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.

SIGNATURE:

03/07/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: EZIEMEFE, GODSLOVE  
Address: P.O. BOX 47273  
City-St-Zip: JACKSONVILLLE, FL 32246

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change ( ) Addition  
Name: EZIEMEFE, GODSLOVE  
Address: P.O. BOX 47273  
City-St-Zip: JACKSONVILLLE, FL 32247

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GODSLOVE EZIEMEFE

PRES

03/07/2005

Electronic Signature of Signing Officer or Director

Date