

2004 FOR PROFIT CORPORATION ANNUAL REPORT

5/21

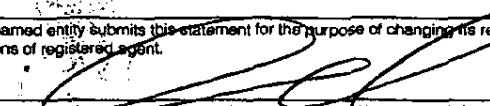
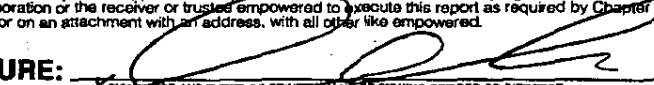
FILED
Jun 04, 2004 8:00 am
Secretary of State

05-21-2004 90001 049 ***150.00

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03122003 Chg-P CR2E034 (10/03)

DOCUMENT # P03000021361			
1. Entity Name JONES FOSTER DEAL ADVERTISING & PUBLIC RELATIONS, INC.			
Principal Place of Business 223 NORTH 12TH STREET SUITE 308 TAMPA, FL 33602		Mailing Address 223 NORTH 12TH STREET SUITE 308 TAMPA, FL 33602	
2. Principal Place of Business 600 S. MAGNOLIA AVE		3. Mailing Address 600 S. MAGNOLIA AVE	
Suite, Apt. #, etc. SUITE 350		Suite, Apt. #, etc. SUITE 350	
City & State TAMPA, FL		City & State TAMPA, FL	
Zip 33606	Country USA	Zip 33606	Country USA
4. FEI Number 55-0822529		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FOSTER, JOHN A JR. 223 NORTH 12TH STREET SUITE 308 TAMPA, FL 33602		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 600 S. MAGNOLIA AVE Suite 350 City TAMPA FL Zip Code 33606	
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  DATE 5-18-04 Signature typed or printed name of registered agent and not applicable. (NOTE: Registered Agent signature required when reinstating)			
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees In accordance with s. 807.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOXLEY-JONES, PAT 1445 ROYAL FOREST LOOP LAKELAND, FL 33811 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FOSTER, JAY 1214 EAST 25TH AVENUE TAMPA, FL 33605 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DEAL, JANET G 11907 CYPRESS VISTA TAMPA, FL 33626 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ARDEN, KARIN 12715 SELAH RANCH LANE THONOTOSASSA, FL 33582 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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: 		DATE 5-18-04 DAYTIME PHONE # 813-222-4545	