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

DOCUMENT # P03000021361

1. Entity Name
JONES FOSTER DEAL ADVERTISING & PUBLIC RELATIONS, INC.

66426495

Principal Place of Business	Mailing Address
223 NORTH 12TH STREET SUITE 308 TAMPA, FL 33602	223 NORTH 12TH STREET SUITE 308 TAMPA, FL 33602

03122003 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
600 S. MAGNOLIA AVE	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: HILLSBOROUGH	Zip: 33606 Country: Hillsborough

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	7. Name and Address of New Registered Agent
FOSTER, JOHN A JR. 223 NORTH 12TH STREET SUITE 308 TAMPA, FL 33602	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 _____ 5-18-04
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
Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

In accordance with s. 607.193(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 33592	☐ 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: _____ 5-18-04 813-222-4535
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #