

**FILED**  
**May 03, 2005 8:00 am**  
**Secretary of State**

05-03-2005 90088 049 \*\*\*150.00

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**DOCUMENT # P03000021970**

1. Entity Name  
JOTA, INC.



40078702

Principal Place of Business  
2294-1 MAYPORT RD  
JACKSONVILLE, FL 32233

Mailing Address  
C/O YU D. HAN CPA  
4401 EMERSON ST STE 8  
JACKSONVILLE, FL 32207



04212005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
42-1575822

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

LEE, KIM  
12681 TROPIC DR N  
JACKSONVILLE, FL 32225

**DO NOT WRITE  
IN THIS SPACE**

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, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DPT  
LEE, KIM  
12681 TROPIC DR N  
JACKSONVILLE, FL 32225

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DVS  
RUSSELL, MUN W  
10075 GATE PKWY N APT 2504  
JACKSONVILLE, FL 32246

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/2005  
Date

Daytime Phone #