

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 17, 2004 8:00 am**  
**Secretary of State**

02-04-2004 90077 013 \*\*\*150.00

66402144



MOORE CR2E034 (11/03)

**DOCUMENT # P03000039150**

1. Entity Name

JADO ENTERPRISES INC.



Principal Place of Business

4351 GULF SHORE BLVD N PH 3  
NAPLES FL 34103

Mailing Address

4351 GULF SHORE BLVD N PH 3  
NAPLES FL 34103

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

20-0724635

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

LIPPERT, L DOUGLAS  
4351 GULF SHORE BLVD N PH 3  
NAPLES FL 34103

7. Name and Address of New Registered Agent

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	10 BOB LIPPERT	<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PRESIDENT	<input type="checkbox"/> Delete
NAME	L. DOUGLAS LIPPERT	
STREET ADDRESS	4351 GULF SHORE BLVD N PH 3	
CITY-ST-ZIP	NAPLES FL 34103	
TITLE	SECRETARY	<input type="checkbox"/> Delete
NAME	MARCHA LIPPERT	
STREET ADDRESS	4351 GULF SHORE BLVD N PH 3	
CITY-ST-ZIP	NAPLES FL 34103	
TITLE	V. PRES	<input type="checkbox"/> Delete
NAME	BOB LIPPERT	
STREET ADDRESS	4351 GULF SHORE BLVD N PH 3	
CITY-ST-ZIP	NAPLES FL 34103	
TITLE	PRES	<input type="checkbox"/> Delete
NAME	DOUG LIPPERT	
STREET ADDRESS	4351 GULF SHORE BLVD N	
CITY-ST-ZIP	NAPLES, FL 34103	
TITLE	SECRETARY	<input type="checkbox"/> Delete
NAME	MARCHA LIPPERT	
STREET ADDRESS	4351 GULF SHORE BLVD N	
CITY-ST-ZIP	NAPLES, FL 34103	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

L. DOUGLAS LIPPERT

1-27-04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #