2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P03000039150

FILED Feb 17, 2004 8:00 am Secretary of State 02-04-2004 90077 013 ***150.00

الم الله الله الله الله الله الله الله ا			ľ	
JADO ENTERPRISES INC.				
,				
Principal Place of Business Mailing Address				
4351 GULF SHORE BLVD N PH 3	4351 GULF SHORE BLVD !	NPH 3	66402	144
NAPLES FL 34103 NAPLES FL 34103		1.1.2		
			I THERE IN COURT THE MORE ARTH COME CONTROL OF THE	A RABA ANY IL BANKATA IN KERA
Principal Place of Business				
			I HOOMUUL HI EENKA AAAA AAMA BAMA BALA AALA HEEK HEEK HEEK	L SCHOOL PRITTY BETTENDER IN 1970
Suite, Apt. #, etc. Suite, Apt. #, etc.			MOORE CR2E034 (1	11/03)
City & State City & State			4. FEI Number 20-072463	Applied For
only a state				Not Applicable
Zip Country	Zip C	Ountry		3.75 Additional
<u></u>	<u> </u>	·	re	e Required
6. Name and Address of Current Registered Agent		Name	7. Name and Address of New Registered Age	ant
LIPPERT, L DOUGLAS		. 198110		
4351-GULF SHORE BLVD N PH 3		Street Address (P.O. Box Number is Not Acceptable)		
NAPLES FL 34103		ļ		
		<u> </u>		·
		City	FL (Zip Code
8. The above named entity submissibilities 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	<u>U</u>	·	1-20	-04
Signature, typed or printed name of registered against and title it explicable. (NOTE: Registered Agent signature required when reinstating) DATE				
FILE NOW!! FEE:IS \$150.00 9. Election Campaign Financing \$5.00 May				
After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State			Trust Fund Contribution.	Added to Fees
10. OFFICERS AND	64.40°24.5		ADDITIONAL OF LAND OF THE APPROXIMATION OF THE APPR	
TITLE 10 BOBLIERS AND	DIAECTORS Delete	11.	ADDITIONS/CHANGES TO OFFICERS AND D	Change Addition
NAME OF THE PARTY	CP Date	NAME	-	1 case de Civerson
STREET ADDRESS	ť	STREET ADDRESS		
CITY-ST-ZIF		CITY-ST-ZIP		
TITLE - THE STATE OF THE STATE	Delete	TITLE		Change Addition
STREET ADDRESS 43 4 5 4 5 4 5 4 5 4 5 4 5 4 5 4 5 4 5	THE THE	NAME STREET ADDRESS		
CITY-ST-ZIP		CITY-ST-ZIP		
TITLE TO THE STATE OF THE STATE	100	TITLE		Change Addition
NAME NA PERSON	Deserte	NAME	سا ۱۰ <u>مغرب</u> وسنحور به باید ساز باید ا	Totalia Civation
STREET ADDRESS 43516 SHOAL		STREET ADDRESS		
-CITY-ST-ZIP	34703	CITY-ST-ZIP		<u> </u>
TITLE K	☐ Delete	TITLE		Change Addition
NAME, 8	DOWN OF CT	NAME	,	
STREET ADDRESS CITY-ST- ZIP	7 TO 3 TO 3	STREET ADDRESS :		
TITLE PRES			-	T Change Addition
MANE A DOUG LEADERT	L. Delete	TITLE	L	Change Addition
9 12-1 (1) - 1/2 - 1/4		STREET ADDRESS		
CITY-ST-ZIP NAPLES, FL. 3	34103	CITY-ST-ZIP		
TITLE BEC/TREAS	☐ Delete	TITLE		Change
NAME MARCHA LIPPE	RT of	NAME		
STREET ADDRESS 4351 GULFSHO	RE BL. V.	STREET ADDRESS		Ì
CITY-ST-ZIP NAPLES, FC.	34103	CITY-ST-20P	140 07(0V) Davids San 140 07(0V)	
indicated on this report or supplemental report is	true and accurate and that my si	gnature shall have the	same legal effect as if made under oath; that I am	an officer or director
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 grapowered.				

-1. DOWNASLIPPERT