


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 16, 2005 8:00 am**  
**Secretary of State**

05-16-2005 90198 023 \*\*\*150.00

<b>DOCUMENT # P03000050634</b> 1. Entity Name <b>JIGS 3, INC.</b>																																																																																																																							
Principal Place of Business <b>210 S. KINGS AVE. BRANDON, FL 33511</b>			Mailing Address <b>210 S. KINGS AVE. BRANDON, FL 33511</b>																																																																																																																				
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.																																																																																																																				
City & State			City & State																																																																																																																				
Zip		Country		Zip																																																																																																																			
6. Name and Address of Current Registered Agent  <b>INTRASTATE REGISTERED AGENT INC 701 BRICKELL AVE STE 3000 MIAMI, FL 33131</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																																																																																																																							
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees																																																																																																																				
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3" style="text-align: left; padding: 2px;">10. OFFICERS AND DIRECTORS</th> <th colspan="3" style="text-align: left; padding: 2px;">11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</th> </tr> <tr> <td style="width: 15%; padding: 2px;">TITLE</td> <td style="width: 65%; padding: 2px;">D MELLODY, JEANETTE 928 HEMMINGWAY CIRCLE TAMPA, FL 33602</td> <td style="width: 20%; padding: 2px; text-align: right;"><input checked="" type="checkbox"/> Delete</td> <td style="width: 15%; padding: 2px;">TITLE</td> <td style="width: 65%; padding: 2px;">MELLODY, JAMES JR 5205 CULASAJA CIR VALRICO FL 33594</td> <td style="width: 20%; padding: 2px; text-align: right;"><input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</td> </tr> <tr> <td style="padding: 2px;">STREET ADDRESS</td> <td colspan="5"></td> </tr> <tr> <td style="padding: 2px;">CITY-ST-ZIP</td> <td colspan="5"></td> </tr> <tr> <td style="padding: 2px;">TITLE</td> <td style="padding: 2px;">D MASSARU, J.J. 6119 KINGBIRD MANOR DR. LITHIA, FL 33547</td> <td style="padding: 2px; text-align: right;"><input type="checkbox"/> Delete</td> <td style="padding: 2px;">TITLE</td> <td style="padding: 2px;">MASSARU, J.J.</td> <td style="padding: 2px; text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td style="padding: 2px;">STREET ADDRESS</td> <td colspan="5"></td> </tr> <tr> <td style="padding: 2px;">CITY-ST-ZIP</td> <td colspan="5"></td> </tr> <tr> <td style="padding: 2px;">TITLE</td> <td style="padding: 2px;">D MELLODY, SEAN 2504 OBRAPIA TAMPA, FL 33629</td> <td style="padding: 2px; text-align: right;"><input type="checkbox"/> Delete</td> <td style="padding: 2px;">TITLE</td> <td colspan="2" style="padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;">STREET ADDRESS</td> <td colspan="5"></td> </tr> <tr> <td style="padding: 2px;">CITY-ST-ZIP</td> <td colspan="5"></td> </tr> <tr> <td style="padding: 2px;">TITLE</td> <td style="padding: 2px;">D MCHALE, THOMAS 12908 BRUSHY PINE #1 TAMPA, FL 33624</td> <td style="padding: 2px; text-align: right;"><input type="checkbox"/> Delete</td> <td style="padding: 2px;">TITLE</td> <td colspan="2" style="padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;">STREET ADDRESS</td> <td colspan="5"></td> </tr> <tr> <td style="padding: 2px;">CITY-ST-ZIP</td> <td colspan="5"></td> </tr> <tr> <td style="padding: 2px;">TITLE</td> <td colspan="5" style="padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;">STREET ADDRESS</td> <td colspan="5"></td> </tr> <tr> <td style="padding: 2px;">CITY-ST-ZIP</td> <td colspan="5"></td> </tr> <tr> <td style="padding: 2px;">TITLE</td> <td colspan="5" style="padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;">STREET ADDRESS</td> <td colspan="5"></td> </tr> <tr> <td style="padding: 2px;">CITY-ST-ZIP</td> <td colspan="5"></td> </tr> </table>						10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			TITLE	D MELLODY, JEANETTE 928 HEMMINGWAY CIRCLE TAMPA, FL 33602	<input checked="" type="checkbox"/> Delete	TITLE	MELLODY, JAMES JR 5205 CULASAJA CIR VALRICO FL 33594	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	STREET ADDRESS						CITY-ST-ZIP						TITLE	D MASSARU, J.J. 6119 KINGBIRD MANOR DR. LITHIA, FL 33547	<input type="checkbox"/> Delete	TITLE	MASSARU, J.J.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS						CITY-ST-ZIP						TITLE	D MELLODY, SEAN 2504 OBRAPIA TAMPA, FL 33629	<input type="checkbox"/> Delete	TITLE			STREET ADDRESS						CITY-ST-ZIP						TITLE	D MCHALE, THOMAS 12908 BRUSHY PINE #1 TAMPA, FL 33624	<input type="checkbox"/> Delete	TITLE			STREET ADDRESS						CITY-ST-ZIP						TITLE						STREET ADDRESS						CITY-ST-ZIP						TITLE						STREET ADDRESS						CITY-ST-ZIP					
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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.																																																																																																																							
<b>SIGNATURE:</b> <u>Joseph J. Massaru</u> <span style="float: right;"><b>3-15-05 (813) 376-3875</b></span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																																																																																																																							