

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 18, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000057035

1. Entity Name
JADA BUSINESS SERVICES OF AMERICA, INC.



Principal Place of Business
10801 STARKEY ROAD
SUITE 17
SEMINOLE, FL 33777 US

Mailing Address
10801 STARKEY ROAD
SUITE 17
SEMINOLE, FL 33777 US



DO NOT WRITE IN THIS SPACE

01052005 No Chg-P CR2E034 (10/03)

4. FEI Number
20-0499251

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

ZEOLI, SEBASTIAN JR.
10707-66 STREET NO.
SUITE 9
PINELLAS PARK, FL 33782

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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 reissuing)

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

02/18/05-80016-006 150.00

10. OFFICERS AND DIRECTORS

TITLE P
NAME LAKUS, JACQUELINE A
STREET ADDRESS 1601 CORDOVA GREENS
CITY - ST - ZIP SEMINOLE, FL 33777

TITLE ST
NAME LAKUS, DAVID
STREET ADDRESS 1601 CORDOVA GREENS
CITY - ST - ZIP SEMINOLE, FL 33777

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NAME
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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)(f), 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: David Lakus David Lakus

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-16-05

Date

727-398-2253

Daytime Phone #