

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000072683

Entity Name: JOFLY, INC.

FILED
Feb 11, 2005
Secretary of State

Current Principal Place of Business:

9541 CYORESS LAKE DRIVE
SUITE 5
FORT MYERS, FL 33919

New Principal Place of Business:

801 WEST 10TH STREET
SUITE 300
JUNEAU, AL 99801

Current Mailing Address:

1243 PLUMOSA DR
FORT MYERS, FL 33919

New Mailing Address:

FEI Number: 20-0094275

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JIM CHOUINARD CPA
9541 CYPRESS LAKE DRIVE
SUITE 5
FORT MYERS, FL 33919 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: MR () Delete
Name: STRAUSS, JOSEF R DIRECTO
Address: 1243 PLUMOSA DR
City-St-Zip: FORT MYERS, FL 33901

Title: MRS () Delete
Name: STRAUSS, LAURA A SECRETA
Address: 1243 PLUMOSA DR
City-St-Zip: FORT MYERS, FL 33901

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOSEF R STRAUSS

PRES

02/11/2005

Electronic Signature of Signing Officer or Director

Date