

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P03000076025



1. Entity Name
JITE, INC.

Principal Place of Business
P.O. BOX 15662
FERNANDINA BEACH, FL 32035

Mailing Address
P.O. BOX 15662
FERNANDINA BEACH, FL 32035

2. Principal Place of Business
4800 First Coast Highway
Suite, Apt. #, etc.
Suite 210
City & State
Fernandina Bch, Fla.
Zip 32034
Country USA

3. Mailing Address
P.O. BOX 15662
Suite, Apt. #, etc.
City & State
Fernandina Bch, Fla.
Zip 32035
Country USA

01312004 Chg-P CR2E034 (10/03)

4. FEI Number 51-0501009	Applied For
	Not Applicable

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

6. Name and Address of Current Registered Agent

VON DANE, JAMES A
1615 COVENTRY LANE
FERNANDINA BEACH, FL 32034

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**

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME VON DANE, JAMES A
STREET ADDRESS P.O. BOX 15662
CITY-ST-ZIP FERNANDINA BEACH, FL 32035

Delete

TITLE

Change Addition

TITLE VP
NAME JONES, TERRY
STREET ADDRESS 531 S. 6TH STREET
CITY-ST-ZIP FERNANDINA BEACH, FL 32034

Delete

TITLE

Change Addition

TITLE T
NAME VON DANE, MARLA B
STREET ADDRESS P.O. BOX 15662
CITY-ST-ZIP FERNANDINA BEACH, FL 32035

Delete

TITLE

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE

Change Addition

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

James VonDane

4-7-04 904-261-7701

Date Daytime Phone #