

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 27, 2004 8:00 am
Secretary of State

08-27-2004 90009 010 ***150.00

DOCUMENT # P03000078604

1. Entity Name
2JAX PRODUCTIONS, INC.



Principal Place of Business
**985 N COLLIER BLVD
MARCO ISLAND, FL 34145**

Mailing Address
**985 N COLLIER BLVD
MARCO ISLAND, FL 34145**

24081941



2. Principal Place of Business

601 Elkcam Circle

3. Mailing Address

601 Elkcam Circle

Suite, Apt. #, etc.

B4

Suite, Apt. #, etc.

B4

06242004

Chg-P

CR2E034 (10/03)

City & State

Marco Island FL

City & State

Marco Island FL

4. FEI Number

05-0580999

Applied For

Not Applicable

Zip
34145

Country
USA

Zip
34145

Country
USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**WEBSTER, RONALD S
985 N COLLIER BLVD
MARCO ISLAND, FL 34145**

7. Name and Address of New Registered Agent

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
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE PD ☒ Delete
NAME **KARBAN, STURGES J**
STREET ADDRESS **1224 FRUITLAND AVE**
CITY-ST-ZIP **MARCO ISLAND, FL 34145**

TITLE SD ☒ Delete
NAME **BAXTER, SALOMA**
STREET ADDRESS **1224 FRUITLAND AVE**
CITY-ST-ZIP **MARCO ISLAND, FL 34145**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☒ Change ☐ Addition
NAME **Jeffrey Priebe**
STREET ADDRESS **601 Elkcam Circle B4**
CITY-ST-ZIP **Marco Is FL 34145**

TITLE TS ☒ Change ☐ Addition
NAME **Luise Romano**
STREET ADDRESS **601 Elkcam Circle - B4**
CITY-ST-ZIP **Marco Island FL 34145**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: Luise Romano (Luise Romano) **8/24/04** **239-393-2523**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #