2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000079080

STREET ADDRESS

CITY-ST-ZIP

FILED Apr 29, 2004 8:00 am Secretary of State

04-29-2004 90218 030 ***150.00

JAKE AND CO. SUPPORT COORDINATION INC.									
5661 OLD MYSTIC CT		Mailing Address 5661 OLD MYSTIC CT JUPITER, FL 33458			94070971				
2. Principal Place of Business 3.		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		04272004	Chg-P	CR2E0	34 (10/03)	
City & State		City & State			4. FEI Number 77-1	560499	96		plied For at Applicable
Zip	Country Zip Cou		Coun	try		of Status Desired	П	\$8.75 Add	litional
	6. Name and Address of Current F	<u> </u>	7. Name and Address of New Registered Agent						
<u> </u>				Name					
-GEEDEY: GEORGE				Name					
5661 OLD MYSTIC CT JUPITER, FL 33458				Street Addres	Street Address (P.O. Box Number is Not Acceptable)				
)					
				City			FL	Zip Cod	Θ
	e named entity submits this statement for tions of registered agent,	the purpose of changing its	s registere	ed office or regis	stered agent, or bo	th, in the State of Flo	orida. I am	familiar with,	and accept
SIGNATURE.	Signature, typed or printed name of registered agent at								
	Signature, typed or printed name of registered agent ar	nd title if applicable. (NO	E: Hegistered	d Agent signature requ	ured when reinstating)		DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign F Trust Fund Contribut				noing \$	55.00 May Be Added to Fees				
10.	OFFICERS AND D	DIRECTORS	11.		ADDITIONS/	CHANGES TO OFF	ICERS AND	DIRECTOR	S IN 11
TITLE			TITLE					Change	☐ Addition
NAME	GEEDEY, GEORGE	GEEDEY, GEORGE		E					_
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NAME		VOIO16	NAM	į.					

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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE: Signature and typed on printer name of scanning officers of purposes.

Signature and typed on printer name of scanning officers of purposes.

Descriptor Process