

2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 JUN 10 PM 4:00



06042005 Chg-P CR2E034 (10/03)

DOCUMENT # P03000096070					
1. Entity Name JERZY II, INC.					
Principal Place of Business 200 NORTH FIRST STREET COCOA BEACH, FL 32931			Mailing Address 200 NORTH FIRST STREET COCOA BEACH, FL 32931		
2. Principal Place of Business 26 GRAND CAMINO WAY			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State FT PIERCE			City & State		
Zip FL	Country USA	Zip 34951	Country ST LUCIE	4. FEI Number 55-0844839	
				Applied For Not Applicable	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MORRIS, LAURAJO 200 NORTH FIRST STREET COCOA BEACH, FL 32931			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 nominating) DATE _____					
Amended AR is \$61.25		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	D	☐ Delete	TITLE	P.	☒ Change ☐ Addition
NAME	PATTON, GARY		NAME	PATTON, GARY	
STREET ADDRESS	200 NORTH FIRST STREET		STREET ADDRESS	26 GRAND CAMINO WAY	
CITY-STATE-ZIP	COCOA BEACH, FL 32931		CITY-STATE-ZIP	FT PIERCE FL 34951	
TITLE	D	☐ Delete	TITLE	S, T	☒ Change ☐ Addition
NAME	MORRIS, LAURAJO		NAME	300056149543	
STREET ADDRESS	200 NORTH FIRST STREET		STREET ADDRESS	06/14/05--01034--025 **61.25	
CITY-STATE-ZIP	COCOA BEACH, FL 32931		CITY-STATE-ZIP		
TITLE		☐ Delete	TITLE	VP	☐ Change ☒ Addition
NAME			NAME	LEONARD, JOHN	
STREET ADDRESS			STREET ADDRESS	2421 WAIKIKI ST	
CITY-STATE-ZIP			CITY-STATE-ZIP	PT ST LUCIE FL 34951	
TITLE		☐ Delete	TITLE	VP	☐ Change ☒ Addition
NAME			NAME	STERLING, GORDON	
STREET ADDRESS			STREET ADDRESS	2797 S.E. MARIPOSA	
CITY-STATE-ZIP			CITY-STATE-ZIP	PT ST LUCIE FL 34952	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-STATE-ZIP			CITY-STATE-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-STATE-ZIP			CITY-STATE-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(a), 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: <i>Laurajo Morris, Secy</i>			LAURAJO MORRIS 321-784-3221		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			6-18-05 Daytime Phone #		