## **2004 FOR PROFIT CORPORATION**

## **ANNUAL REPORT** DOCUMENT # P03000100271



FILED Apr 12, 2004 8:00 am Secretary of State

Mailing Address	1. Entity Nam JGE GRO		ORPORATED		04-12-2004 90249 046 ***150.00				
Salid. Apt. 4, etc.  Salid. Apt. 4, etc.  Cry & State  Cr	2172 W NINE MILE RD #177 2172 W NINE MILE RD #1						114 <b>82</b> 111 <b>86</b> 121 1186 <b>88</b> 1		<b>                                    </b>
City & State  City & State  City & State  Country  Country  Country  Country  Country  Country  S. Certificate of Status Desired  S. 75 Additional  For Registered Agent  To Name and Address of Current Registered Agent  Note  Street Additions (P.O. Box Number is Not Acceptable)  Street Additions (P.O. Box Number is Not Acceptable)  City  FL  The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Fiorida. I am termiser with and accept the edisplacation of registered agent, or both, in the State of Fiorida. I am termiser with and accept the edisplacation of registered agent, or both, in the State of Fiorida. I am termiser with and accept the edisplacation of registered agent, or both, in the State of Fiorida. I am termiser with and accept the edisplacation of registered agent, or both, in the State of Fiorida. I am termiser with and accept the edisplacation of registered agent, or both, in the State of Fiorida. I am termiser with and accept the edisplacation of registered agent, or both, in the State of Fiorida. I am termiser with and accept the edisplacation of registered agent, or both, in the State of Fiorida. I am termiser with and accept the edisplacation of registered agent, or both, in the State of Fiorida. I am termiser with and accept the edisplacation of registered agent, or both, in the State of Fiorida. I am termiser with and accept the edisplacation of registered agent, or both, in the State of Fiorida. I am termiser with and accept the edisplacation of registered agent, or both, in the State of Fiorida. I am termiser with and accept the edisplacation of registered agent, or both, in the State of Fiorida. I am termiser with and accept the edisplacation of registered agent, or both, in the State of Fiorida. I am termiser with and accept the edisplacation of registered agent, or both, in the State of Fiorida. I am termiser with and accept the edisplacation of registered agent, or both, in the State of Fiorida. I am termiser with and accep	2. Principal Place of Business 3. Mailing Address								
Zp Country Zp Country 5. Certificate of Status Desired Status Desi	Suife, Apt. #, etc.			Suite, Apt. #, etc.		04092004 Chg-	P CR2	2E034 (10/03)	
Section   Sect	City & State			City & State		4. FEI Number 20 - 018	36968	No	t Applicable
Name	Zíp				Country			Fee Require	litional d
ESTES, JENNIFER L  THE BOWER And DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  THE PART OF THE	Name and Address of Current Registered Agent					7. Name and Address	of New Register	ed Agent	
B. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Fixida. I am learnise with, and accept the exhigations of registered agent.    Signature	1175 HWY	97 SOUT	ΓH						
B. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.    Signature   Signat					City			Zip Code	e .
SIGNATURE    Squarks, kpoot or presend women of importment agent and size of excellable.   MOTE: Regulation Agent agrainant innegration.   Delete				or the purpose of changing its	l registered office or regis	stered agent, or both, in the S			and accept .
### FILE NOW!!! FEE IS \$150.00 After filery 1, 2004 Fee will be \$550.00 Ps. Election Campaign Financing Trust Fund Contribution.     10	· ·	٠		t and title if masterphia (BMT)	To Department Record overall art case	Land whom respectations	De	TC .	
### After Nay 1, 2004 Fee will be \$550.00    Trust Fund Contribution.   Added to Fees	· · · · · · · · · · · · · · · · · · ·	Signature, types	sor prened naturor segalesed agen	tenti ine i applicable. (noi	C. Hechsteich Albeit Schieden sed	med when revisitating,		* .	
11.   ADDITIONS/CHANGES TO OFFICERS AND DIFFECTORS   N 11	Fil. After M	E NOW!!! ay 1, 200	FEE IS \$150.00 4 Fee will be \$550.	4	ribution. 🔲 /				
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CRY-ST-ZIP	NAME		e gara er had g	Delete	NAME	Lagrania (Art.)		Change	Addition
12. Thereby 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 of frustee 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 attantment with an address, with all other like empowered.

WESTES SIGNATURE: SENVILLER SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR