


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 14, 2004 8:00 am
Secretary of State

04-22-2004 90059 003 ***150.00

DOCUMENT # P03000105984 1. Entity Name JOKERS WILD, INC.			
Principal Place of Business 6513 14TH WEST, STE. 103 BRADENTON FL 34201		Mailing Address 6513 14TH WEST, STE. 103 BRADENTON FL 34201	
2. Principal Place of Business 6513 14th St West Suite, Apt. #, etc. #103		3. Mailing Address Same Suite, Apt. #, etc. Same	
City & State Bradenton FL		City & State Bradenton FL	
Zip 34207	Country MIANATEE	Zip 34207	Country MIANATEE
6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI FL 33145		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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PD <input type="checkbox"/> Delete NAME JOLLEY, LINDA STREET ADDRESS 6513 14TH WEST, STE. 103 CITY-ST-ZIP BRADENTON FL 34201	TITLE VD <input type="checkbox"/> Delete NAME CORNUE, GEORGE STREET ADDRESS 6513 14TH WEST, STE. 103 CITY-ST-ZIP BRADENTON FL 34201	TITLE SD <input type="checkbox"/> Delete NAME CORNUE, MYRA STREET ADDRESS 6513 14TH WEST, STE. 103 CITY-ST-ZIP BRADENTON FL 34201	TITLE TD <input type="checkbox"/> Delete NAME MELLOR, JOHN P STREET ADDRESS 6513 14TH WEST, STE. 103 CITY-ST-ZIP BRADENTON FL 34201
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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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: <i>[Signature]</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		4-20-04 <small>Date</small>	214-893-2663 <small>Daytime Phone #</small>