


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Feb 02, 2005 08:00 AM
Secretary of State**

DOCUMENT # P03000105984 1. Entity Name JOKERS WILD, INC.	
---	---

Principal Place of Business 6513 14TH ST WEST # 103 BRADENTON, FL 34207	Mailing Address 6513 14TH ST WEST # 103 BRADENTON, FL 34207
--	--



01192005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 57-1187942	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145

**DO NOT WRITE
IN THIS SPACE**

6. 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
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

U00000211400
02/02/05-80120-001 158.75

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JOLLEY, LINDA 6513 14TH WEST, STE. 103 BRADENTON, FL 34201
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CORNUE, GEORGE 6513 14TH WEST, STE. 103 BRADENTON, FL 34201
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CORNUE, MYRA 6513 14TH WEST, STE. 103 BRADENTON, FL 34201
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MELLOR, JOHN P 6513 14TH WEST, STE. 103 BRADENTON, FL 34201
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Myra Cornue*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-24-05 214-893-2663
Date Daytime Phone #