

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 19, 2004 8:00 am
Secretary of State

07-08-2004 90092 005 ***150.00

DOCUMENT # P03000107866 1. Entity Name JKI FINANCIAL SOLUTIONS, INC.					
Principal Place of Business 4312 FAWN MEADOWS CIRCLE CLERMONT, FL 34711			Mailing Address 4312 FAWN MEADOWS CIRCLE CLERMONT, FL 34711		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		06302004 Chg-P CR2E034 (10/03)	
City & State		City & State		4. FEI Number 20-0278852	
Zip		Country		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KINTZLER, SARA 111 NORTH ORANGE AVENUE TWENTIETH FLOOR ORLANDO, FL 32801				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 the filer, if applicable. (NOTE: Registered Agent signature required when submitting)					
FILE NOW! FEE IS \$150.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	PST KINTZLER, JOHN E 4312 FAWN MEADOWS CIRCLE CLERMONT, FL 34711 ☐ Delete			TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	V TOMBLIN, THOMAS J 12824 LAKE RIDGE CIRCLE CLERMONT, FL 34711 ☐ Delete			TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete			TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete			TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
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 supplementary 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 given an address, with all other like empowered.					
SIGNATURE: <i>[Signature]</i> PROD is not				7/1/2004 352-243-9657	