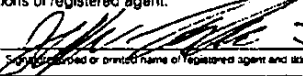


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 13, 2005 8:00 am
Secretary of State

06-13-2005 90002 019 ***150.00

DOCUMENT # P0300Q114423			
1. Entity Name JF ONE, INC.			
Principal Place of Business 15519 HWY 441 UNIT 306 EUSTIS, FL 32726		Mailing Address 15519 HWY 441 UNIT 306 EUSTIS, FL 32726	
2. Principal Place of Business 1512 W. MAIN ST Suite, Apt. #, etc.		3. Mailing Address 1512 W MAIN ST Suite, Apt. #, etc.	
City & State LEESBURG FL		City & State LEESBURG FL	
Zip 34748	Country USA	Zip 34748	Country USA
4. FEI Number 65-1206830		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FESSENDEN, JEFFREY 15519 HWY 441 UNIT 306 EUSTIS, FL 32726		7. Name and Address of New Registered Agent Name FESSENDEN JEFFREY Street Address (P.O. Box Number is Not Acceptable) 1512 W MAIN ST City LEESBURG FL Zip Code 34748	
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  JEFFREY FESSENDEN 4-12-05 (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	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FESSENDEN, JEFFREY 15519 HWY 441 UNIT 306 EUSTIS, FL 32726 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	FESSENDEN, JEFFREY ☒ Change ☐ Addition 1512 W MAIN ST LEESBURG FL 34748
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-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)(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:  JEFFREY FESSENDEN		4-12-05 (352) 267-8661 DATE Daytime Phone #	