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Jun 13, 2005 8:00 am
Secretary of State

06-13-2005 90002 019 ***150.00

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000114423

1. Entity Name
JF ONE, INC.

Principal Place of Business	Mailing Address
15519 HWY 441 UNIT 306 EUSTIS, FL 32726	15519 HWY 441 UNIT 306 EUSTIS, FL 32726

04102005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
1512 W. MAIN ST	1512 W MAIN ST
Suite, Apt. #, etc.	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
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

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 1512 W MAIN ST LEESBURG FL 34748	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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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: JEFFREY FESSENDEN 4-12-05 (352) 267-8661
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #