

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 16, 2004 8:00 am**  
**Secretary of State**

03-16-2004 90020 019 \*\*\*150.00

<b>DOCUMENT # P03000115187</b>					
<b>1. Entity Name</b> JAK ENTERPRISES, INC.					
<b>Principal Place of Business</b> 700 STARKEY RD LARGO, FL 33771			<b>Mailing Address</b> 700 STARKEY RD LARGO, FL 33771		
<b>2. Principal Place of Business</b> 700 Starkey Rd Suite, Apt. #, etc. #1216 City & State Largo, FL Zip 33771 Country Pinellas		<b>3. Mailing Address</b> 700 Starkey Rd Suite, Apt. #, etc. #1216 City & State Largo, FL Zip 33771 Country Pinellas			
<b>4. FEI Number</b> 20-0369727				Applied For <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> KELESKE, JONATHAN E 700 STARKEY RD LARGO, FL 33771			<b>7. Name and Address of New Registered Agent</b> Name Jonathan E Keleske Street Address (P.O. Box Number is Not Acceptable) 700 Starkey Rd #1216 City Largo, FL Zip Code 33771		
<b>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.</b> SIGNATURE: <u>Jonathan E. Keleske</u> (NOTE: Registered Agent signature required when reinstating) DATE: <u>3-1-04</u>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KELESKE, ALLISON M 700 STARKEY RD LARGO, FL 33771	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Keleske, Allison M 700 Starkey Rd #1216 Largo FL 33771	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KELESKE, JONATHAN E 700 STARKEY RD LARGO, FL 33771	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Jonathan E Keleske 700 Starkey Rd #1216 Largo, FL 33771	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>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.</b>					
<b>SIGNATURE:</b> <u>Allison Keleske</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Director Date: <u>3-11-04</u> Daytime Phone #: <u>727-518-6733</u>		