

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 12, 2005 08:00 AM
Secretary of State**

DOCUMENT # P03000134617

1. Entity Name
JAYCO WOODWORKS, INC.



Principal Place of Business
**9338 RESOTA BCH RD
SOUTHPORT, FL 32409**

Mailing Address
**9338 RESOTA BCH RD
SOUTHPORT, FL 32409**



04112005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0416957

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**PARISH, MICHAEL J
9338 RESOTA BCH RD
SOUTHPORT, FL 32409**

**DO NOT WRITE
IN THIS SPACE**

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 title if applicable

(NOTE: Registered Agent signature required when registering)

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPV PARISH, MICHAEL J 9338 RESOTA BCH RD SOUTHPORT, FL 32409
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST PARISH, ANGLIA F 9338 RESOTA BCH RD SOUTHPORT, FL 32409
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000300540
04/12/05-80024-008 158.75

**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:

Anglia F. Parish
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DST 4-11-05 (800) 271-0671
Date Daytime Phone #