FILED
Apr 25, 2005 8:00 am
Secretary of State
04-25-2005 90311 015 ***150.00

2005 FOR PROFIT CORPORATION ANNUAL REPORT

50043936

DOCUMENT # P03000142261

1. Entity Name
JAKE'S EQUITIES, INC.

04202005 Chg-P CR2E034 (10/03)

Principal Place of Business	Mailing Address
NOTINGHAM SQUARE 1239 S. SUNCOAST BLVD., SUITE 1 HOMOSASSA, FL 34448	NOTINGHAM SQUARE 1239 S. SUNCOAST BLVD., SUITE 1 HOMOSASSA, FL 34448

2. Principal Place of Business	3. Mailing Address
109 N Seminole Ave Suite, Apt. #, etc.	109 N Seminole Ave Suite, Apt. #, etc.
City & State: Inverness FL	City & State: Inverness FL
Zip: 34450 Country: USA	Zip: 34450 Country: USA

4. FEI Number: 20-0495061 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
JENSEN, CARY NOTINGHAM SQUARE 1239 S. SUNCOAST BLVD., SUITE 1 HOMOSASSA, FL 34448	Name: Cary Jensen Street Address (P.O. Box Number is Not Acceptable): 109 N Seminole Ave City: Inverness FL Zip Code: 34450

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: X _____ 4-21-05
Signature, typed or printed name of registered agent and title if applicable (If filing Florida Agent signature required when changing) 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	DPST JENSEN, CARY 1239 S. SUNCOAST BLVD, SUITE HOMOSASSA, FL 34448	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 109 N Seminole Ave Inverness FL 34450
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
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

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: X _____ Cary Jensen 4-21-05 352-344-5555
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #