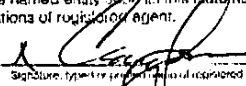
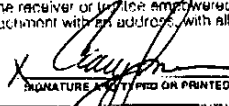


FILED
Apr 25, 2005 8:00 am
Secretary of State

04-25-2005 90311 015 ***150.00

**2005 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # P03000142261			
1. Entity Name JAKE'S EQUITIES, INC.			
Principal Place of Business NOTINGHAM SQUARE 1239 S. SUNCOAST BLVD., SUITE 1 HOMOSASSA, FL 34448		Mailing Address NOTINGHAM SQUARE 1239 S. SUNCOAST BLVD., SUITE 1 HOMOSASSA, FL 34448	
2. Principal Place of Business 109 N Seminole Ave Suite, Apt. #, etc.		3. Mailing Address 109 N Seminole Ave Suite, Apt. #, etc.	
City & State Inverness FL		City & State Inverness FL	
Zip 34450	Country USA	Zip 34450	Country USA
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		4. FFI Number 20-0495061	
5. Name and Address of Current Registered Agent JENSEN, CARY NOTINGHAM SQUARE 1239 S. SUNCOAST BLVD., SUITE 1 HOMOSASSA, FL 34448		7. Name and Address of New Registered Agent 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 hereby is 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, type or print name of registered agent and file it separately.		4-21-05 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 ☐ Delete JENSEN, CARY 1239 S. SUNCOAST BLVD, SUITE HOMOSASSA, FL 34448	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
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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)(b), 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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Cary Jensen Date 352-344-5555 Daytime Phone #	

50043936



04202005 Chg-P CR2E034 (10/03)