2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

04-15-2004 90017 023 ****61.25
P03000152488

04 APR 23 AM 9:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

04022004 Chg-P CR2E034 (10/03)

DOCUMENT # P03000152488

1. Entity Name
JAGER TRIM, INC.

Principal Place of Business	Mailing Address
541 TIMBERLANE DRIVE MACCLENNY, FL 32063	541 TIMBERLANE DRIVE MACCLENNY, FL 32063

2. Principal Place of Business	3. Mailing Address
20500 CR 127	P.O. BOX 1719
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: GLEN ST. MARY, FL	City & State: GLEN ST. MARY, FL
Zip: 32040 Country: BAKER	Zip: 32040 Country: BAKER

4. FEI Number: 37-1482176 ☐ 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
JAGER, MICHAEL R 541 TIMBERLANE DRIVE MACCLENNY, FL 32063	Name: JAGER, MICHAEL R. Street Address (P.O. Box Number is Not Acceptable): 20500 CR 127 City: GLEN ST. MARY FL Zip Code: 32040

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] 4-12-04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Amended AR is $61.25

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	P JAGER, MICHAEL R 541 TIMBERLANE DRIVE MACCLENNY, FL 32063	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P. JAGER, MICHAEL R. 20500 CR 127 GLEN ST. MARY, FL 32040	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST JAGER, TAMI L 541 TIMBERLANE DRIVE MACCLENNY, FL 32063	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST. JAGER, TAMI L 20500 CR 127 GLEN ST. MARY, FL 32040	☒ 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: [signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #