

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Mar 21, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000152488

1. Entity Name
JAGER TRIM, INC.



Principal Place of Business
**20500 CR 127
GLEN ST MARY, FL 32040**

Mailing Address
**P.O. BOX 1719
GLEN ST MARY, FL 32040**



01072005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FCI Number 37-1482176	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**JAGER, MICHAEL R
20500 CR 127
GLEN ST MARY, FL 32040**

**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, dated when filing)

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	P JAGER, MICHAEL R 20500 CR 127 GLEN ST MARY, FL 32040
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST JAGER, TAMI L 20500 CR 127 GLEN ST MARY, FL 32040
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03/21/05-80037-005 150.00

**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: Michael R. Jager **MICHAEL R. JAGER**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-8-05
Date

944-252-9142
Director's Phone #