

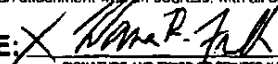


2005 FOR PROFIT CORPORATION ANNUAL REPORT

9/6/2005-90135-010-\$150.00-\$150.00

DOCUMENT # P04000027660			
1. Entity Name JAFFER, INC.		<p>FILED</p> <p>05 OCT 12 AM 11:02</p> <p>SECRETARY OF STATE TALLAHASSEE, FLORIDA</p> 	
Principal Place of Business 1414 KATHLEEN ROAD LAKELAND, FL 33805		Mailing Address 1414 KATHLEEN ROAD LAKELAND, FL 33805	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number		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		7. Name and Address of New Registered Agent	
FULLER, WARREN R 1414 KATHLEEN ROAD LAKELAND, FL 33805		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	FL Zip Code
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 _____ (NOTE: Registered Agent signature required when reappointing) _____ DATE _____			
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FULLER, WARREN R	NAME	
STREET ADDRESS	829 LAKE AGNES DRIVE	STREET ADDRESS	
CITY - ST - ZIP	POLK CITY, FL 33868	CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FULLER, SHARON M	NAME	
STREET ADDRESS	829 LAKE AGNES DRIVE	STREET ADDRESS	
CITY - ST - ZIP	POLK CITY, FL 33868	CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FULLER, JESSICA A	NAME	
STREET ADDRESS	829 LAKE AGNES DRIVE	STREET ADDRESS	
CITY - ST - ZIP	POLK CITY, FL 33868	CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FULLER, JEROD A	NAME	
STREET ADDRESS	829 LAKE AGNES DRIVE	STREET ADDRESS	
CITY - ST - ZIP	POLK CITY, FL 33868	CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FULLER, JACOB A	NAME	
STREET ADDRESS	829 LAKE AGNES DRIVE	STREET ADDRESS	
CITY - ST - ZIP	POLK CITY, FL 33868	CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
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: 		Date: 7-2-05 Daytime Phone #: 863-559-3996	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: WARREN R. FULLER			