2005 FOR PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # P04000027660 1. Entity Name JAFFER, INC.								FILED 05 OCT 12 AMII: 02					
Principal Place of Business Mailing Address										ia, (FS	IAT	[}-	
1414 KATHL LAKELAND, F		1414 KATHLEEN ROAD Lakeland, Fl. 33805				GEGRETART OF STATE FALLAHASSEE, FLORIDA							
								MAR		nom min			
2. Principal P	tace of Busin	3. Mailing Address						H BHN KAR TON GON					
Suite, Apt, #, etc.			Suite, Apt. #, etc.				080820	05	Chg-P	CR2E034 (10	VO3)		
City & State			City & State				4. FEI Nu	umber			_	oplied For of Applicable	
Zip	Čountry		Zip	Zip		itry	5. Certific	cate of :	Status Desired	□ \$8.7	5 Add	litional	
	6. Name	Registered	legistered Agent			7. Name and Address of New Registered Agent							
FULLER, WARREN R						Name					_		
1414 KATI LAKELANI		_				Street Address (P.O. Box Number is Not Acceptable)							
			C					···	C1 Z	Cod			
a. The above	named entit	v submits this statement for	or the purpo	se of chanoing its	register	<u> </u>	ered agent o	y hoth i	n the State of Flo	r L			
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. It am familiar with, and accept the obligations of registered agent.													
SIGNATURE Signakure, typed or profed reme of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-instants) DATE													
, ;								_T_					
PILE NOWILL FEE IS \$150.00 9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees corporation did not receive the prior notice											notice.		
10.	12 7	OFFICERS AND	DIRECTOR		11.		ADDITIO	NS/CH	ANGES TO OFFI	CERS AND DIRE	TOR	S IN 11	
TITLE NAME	D FULLER	WARREN R		Detere	E				_	ange	Addition		
STREET ADDRESS CITY-ST-ZIP	ſ	AGNES DRIVE Y, FL 33868				ET ADORESS -SI-ZIP						l	
TIFLE	D Detete					1					ange	Addition	
MAME STREET ADDRESS		SHARON M AGNES DRIVE		NAME STREET ADOR				1	_				
CITY-ST-ZIP	POLK CITY, FL 33868					-\$1-21P	10/12	7//	<u></u>				
TITLE	D FULLER	JESSICA A		Delete	11TLE		DU	ι,			ange	Addition	
STREET ADDRESS CITY-ST-ZIP	829 LAKE AGNES DRIVE POLK CITY, FL 33868					ET ADDRESS	,						
TITLE	D	T, FL 33868		D Detete	TITLE	-ST-27P				□ c		Addition	
NAME		JEROD A			NAM	£							
STREET ADDRESS		Y, FL 33868				et address - St-Zip	-					· ·	
TITLE	D	14000 4		☐ Delete	TITLE					□ Ch	ange	Addition	
STREET ADDRESS	FULLER, 829 LAKE	AGNES DRIVE			NAME STRE	ET ADDRESS							
CITY-ST-ZIP	POLK CIT	Y, FL 33868			-	-ST-ZIP							
TITLE HAME]. .			☐ Delete	TITLE					☐ Ch	ange	Addition	
STREET ADDRESS Caty-St-ZP						ET ADORESS - ST-ZIP						ţ	
12. I herebý	certify that the con this report	e information supplied will for supplemental report i	n this filing d	toes not quality for ccurate and that n	the exe	motion stated in S	ection 119.07	7(3)(i), F	lorida Statutes, I	further certify that	the in	formation or director	
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 cath; that i,an anofficer or of director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 807, 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 MART- JA WARREN FULLER 7-205 363-559-3496													
	<u>-</u> y_	SIGNATURE AND TYPED OR	PRINTED NAME	OF SIGHING OFFICER	OR DIRECT	TOPI	 		Date	Daytme Pt	one #	1.AA	