## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 14, 2005 8:00 am Secretary of State

1. Entity Name	DOCUMENT # P04000037934  1. Entity Name  JJVAR, INC.				04-14-2005 90101 020 ***150.00				
Principal Place	of Business	Mailing Address			<b>₽</b> UUU	MV-~			
1868 RIVERSIDE DRIVE 1868 RIVERSIDE DRIVE				l					
TARPON SPRINGS, FL 34689 TARPON SPRINGS, FL 34689			689		- 3.	٠			
2. Principal Place of Business 744 Anclote Rd 744 Anclote Rd			e Rd						
Suite, Apt.		Suite, Apt. #, etc.	_		Ch- D	CDOCOS	4 (40/00)		
				02092005	Chg-P	CHZEU3	4 (10/03)		
City & State	oon Springs, FL	City & State Tarpon Spri	ngs, FL	4. FEI Numb	er - 0806751			plied For t Applicable	
		<del></del>	Country		of Status Desired	· 🗆 💲	8.75 Add		
<sup>Zip</sup> 346	89	34689				<u> </u>	ee Require	<u> </u>	
· .	6. Name and Address of Current I	Registered Agent	Name	.1	d Address of New F	_	gent		
VARVARESSOS, JOHN			Standard Address	Varvaresos, John					
1868 RIVERSIDE DRIVE TARPON SPRINGS®FL 34689			Street Addre	Street Address (P.O. Box Number is Not Acceptable)					
	7 (11100)			744	Anclote	Rd			
£.*		•	City	Taroon S	prings	FL	Zip	689	
8. The above	named entity submits this statement for	r the purpose of changing its re	gistered office or reg	100.   00.   0				<u> </u>	
the obligati	ions of registered agent.								
SIGNATURE"	de Va-		<del>-</del>						
	Signature, typed or printed name of registered agent a	and trae it applicable. (NOTE: H	legistered Agent signature re	equired when reinstating)	· -	DATE	•		
FILI After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.0	9. Election Campaign Trust Fund Contrib	Financing ution.	\$5.00 May Be Added to Fees					
After Ma	ay 1, 2005 Fee will be \$550.0 OFFICERS AND	Trust Fund Contrib	11.		CHANGES TO OFF	ICERS AND	_		
After Ma	OFFICERS AND	Trust Fund Contrib	11.		C/CHANGES TO OF	ICERS AND	DIRECTORS	S IN 11	
After Ma	ay 1, 2005 Fee will be \$550.0 OFFICERS AND	Trust Fund Contrib	11.		CHANGES TO OFF	FICERS AND	_		
After Ma 10. TITLE NAME	OFFICERS AND P VARVARESSOS, JOHN	Trust Fund Contrib	11. TITLE NAME		J/CHANGES TO OF	FICERS AND	_		
After Ma	OFFICERS AND P VARVARESSOS, JOHN 1868 RIVERSIDE DRIVE	Trust Fund Contrib	11. TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE		CHANGES TO OFF	FICERS AND	_		
After Ma  10.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	OFFICERS AND P VARVARESSOS, JOHN 1868 RIVERSIDE DRIVE	Trust Fund Contrib	11.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME		CHANGES TO OFF	FICERS AND	☐ Change	☐ Addition	
After Ma	OFFICERS AND P VARVARESSOS, JOHN 1868 RIVERSIDE DRIVE	Trust Fund Contrib	11. TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE		/CHANGES TO OF	FICERS AND	☐ Change	☐ Addition	
After Ma  10.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	OFFICERS AND P VARVARESSOS, JOHN 1868 RIVERSIDE DRIVE	Trust Fund Contrib	11.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS		CHANGES TO OFF	FICERS AND	☐ Change	☐ Addition	
After Ma  10.  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME NAME	OFFICERS AND P VARVARESSOS, JOHN 1868 RIVERSIDE DRIVE	Trust Fund Contrib  DIRECTORS  Delete	11.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME		CHANGES TO OFF	FICERS AND	☐ Change	Addition	
After Ma  10.  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE	OFFICERS AND P VARVARESSOS, JOHN 1868 RIVERSIDE DRIVE	Trust Fund Contrib  DIRECTORS  Delete	11.  TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE		/CHANGES TO OF	FICERS AND	☐ Change	Addition	
After Ma  10.  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS	OFFICERS AND P VARVARESSOS, JOHN 1868 RIVERSIDE DRIVE	Trust Fund Contrib  DIRECTORS  Delete	11.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS		JCHANGES TO OFF	FICERS AND	☐ Change	Addition	
After Ma  10.  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME	OFFICERS AND P VARVARESSOS, JOHN 1868 RIVERSIDE DRIVE	Trust Fund Contrib  DIRECTORS  Delete  Delete	11.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME TITLE NAME		CHANGES TO OFF	FICERS AND	☐ Change ☐ Change ☐ Change	Addition  Addition	
After Ma  10.  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS STREET ADDRESS	OFFICERS AND P VARVARESSOS, JOHN 1868 RIVERSIDE DRIVE	Trust Fund Contrib  DIRECTORS  Delete  Delete	11.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS		/CHANGES TO OF	FICERS AND	☐ Change ☐ Change ☐ Change	Addition  Addition	
After Ma  10.  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME	OFFICERS AND P VARVARESSOS, JOHN 1868 RIVERSIDE DRIVE	Trust Fund Contrib  DIRECTORS  Delete  Delete  Delete	11.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME TITLE NAME		JCHANGES TO OFF	FICERS AND	☐ Change ☐ Change ☐ Change	Addition  Addition	
After Ma  10.  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME	OFFICERS AND P VARVARESSOS, JOHN 1868 RIVERSIDE DRIVE	Trust Fund Contrib  DIRECTORS  Delete  Delete	11.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME		CHANGES TO OFF	FICERS AND	☐ Change ☐ Change ☐ Change	Addition  Addition  Addition	
After Ma  10.  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS	OFFICERS AND P VARVARESSOS, JOHN 1868 RIVERSIDE DRIVE	Trust Fund Contrib  DIRECTORS  Delete  Delete  Delete	11.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS		CHANGES TO OFF	FICERS AND	☐ Change ☐ Change ☐ Change	Addition  Addition  Addition	
After Ma  10.  TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND P VARVARESSOS, JOHN 1868 RIVERSIDE DRIVE	Trust Fund Contrib  DIRECTORS  Delete  Delete  Delete  Delete	11.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME		/CHANGES TO OFF	FICERS AND	☐ Change ☐ Change ☐ Change	Addition  Addition  Addition	
After Ma  10.  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS	OFFICERS AND P VARVARESSOS, JOHN 1868 RIVERSIDE DRIVE	Trust Fund Contrib  DIRECTORS  Delete  Delete  Delete	11.  TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		CHANGES TO OFF	FICERS AND	☐ Change ☐ Change ☐ Change	Addition  Addition  Addition  Addition	
After Ma  10.  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE	OFFICERS AND P VARVARESSOS, JOHN 1868 RIVERSIDE DRIVE	Trust Fund Contrib  DIRECTORS  Delete  Delete  Delete  Delete	11.  TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE		CHANGES TO OFF	FICERS AND	☐ Change ☐ Change ☐ Change	Addition  Addition  Addition  Addition	

12. I hereby certify that the information supplied with this filling 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 orath; 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

Date

Daytime Phone #