## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Jan 31, 2005 8:00 am Secretary of State

Principal Place of Business 322 RIVER ESTATES DR 32	DOCU 1. Entity Nam J-DAWN,	INC THE STATE OF THE STATE		17		mgi ile	01-31-2005	5 90068 003 ***1	50.00
Name and Address of Revirons Place of Business  Sulle, April 4, etc.  O1122005 Chg. P CRECOSI (10/03)  Applied For Country  Sp. Country		・ 一、一つなりであた。アカンラを特別的	June 1 to 4 to 4 to 5 to 5 to 5 to 5 to 5 to 5			. HERE			
3.2.9 RIVER ESTATES DR WIMMUMA, FL 33598 US	Principal Plac	e of Business	Mailing Address	~~		4	0000540	: :	
Suite, Apt. #, etc.  Suite, Apt. #, etc.  City & State  Ci	3329 RIVER	ESTATES DR			July to The state of	23 2 2 · q			1156) is inne
City & State  Country  S. Certificate of Status Desired  S. Certificate of Status Desired Agent  S. Certificate of Status Desired	2. Principal Place of Business 3. Mailing Address				, , , , , , , , , , , , , , , , , , , ,				
Security	Suite, Apt. #, etc.		Suite, Apt. #, etc.		01122005	Chg-P	CR2E034 (10/03)		
BAXTER-MORGAN, JUDY R 8204 STATE ROAD 674 WIMAUMA, FL 33598  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obtgainers of registered agent.  SIGNATURE FLAME AND STATE ROAD 674 WIMAUMA, FL 33598  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obtgainers of registered agent.  SIGNATURE FLAME AND STATE AND	City & State		City & State			4. EEI Numbe	985383	Ar.	
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STATE ROAD 674 WIMAUMA, FL 33598  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 Signate-fleet is press for disparately agent on the United States.  FILE NOWIII-FEE IS \$150,00.  OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  INIE PARTER MORSA N. JEFFREY W SIRRET MORSS OFFI STATES DR CITY-ST-2P WIMAUMA, FL 33598  INIE Delde  INIE NAME SIRRET MORSS  GITY-ST-2P  INIE Delde  INIE NAME SIRRET MORSS  GITY-ST-2P  INIE Delde  INIE NAME SIRRET MORSS  GITY-ST-2P  IN	DAYCES :	ACROAN IUDYS	•		Name				
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  SIGNATU	8204 STAT	TE ROAD 674		Street Address (P.O. Box Number is Not Acceptable)					
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FILE NOWIII - FEE IS \$150.00	the obligat	ions of registered agent.			Λ 0			<b>)</b>	
FILE NOWIII - FEE IS \$150.00	SIGNATURE	Signature Or printed name of registered agent	no title idepolicable. (NOTE	E: Registered	Agent signature require	ZX+Cr-Mo	organ, UP	DATE	
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SIGNATURE: Will Morgan Jeffrey W. Morgan, Pres 1-26-85	indicated of the co- changed	on this report or supplemental report is poration or the receiver or thistee emp, or on an attachment with the address,	s true and accurate and that r owered to execute this report with all other like empowered	my signati as requir	ure shall have the ed by Chapter 60	same legal effect 37, Florida Statute	t as if made under o s; and that my name	ath; that I am an officer appears in Block 10 of	or director