
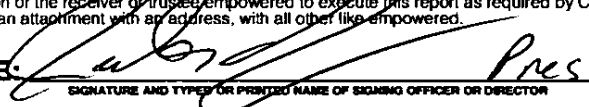


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 27, 2005 8:00 am**  
**Secretary of State**

01-27-2005 90057 035 \*\*\*150.00

<b>DOCUMENT # P04000043653</b> 1. Entity Name <b>JULES GERDING ENTERPRISES, INC.</b>					
Principal Place of Business <b>3930 SW 180 STREET NEWBERRY, FL 32669</b>			Mailing Address <b>3930 SW 180 STREET NEWBERRY, FL 32669</b>		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country <b>USA</b>	Zip	Country <b>USA</b>		
4. FEI Number <b>51-0500961</b>			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			<b>\$8.75 Additional Fee Required</b>		
6. Name and Address of Current Registered Agent  <b>DEEGAN, TIMOTHY P 9200 NW 36 PLACE SUITE A GAINESVILLE, FL 32606</b>			7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE <b>P</b>	NAME <b>GERDING, JULES</b>		<input type="checkbox"/> Delete		
STREET ADDRESS <b>3930 SW 180 STREET</b>	CITY-ST-ZIP <b>NEWBERRY, FL 32669</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE <b>VP</b>	NAME <b>GERDING, JULES</b>		<input type="checkbox"/> Delete		
STREET ADDRESS <b>3930 SW 180 STREET</b>	CITY-ST-ZIP <b>NEWBERRY, FL 32669</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE <b>SEC</b>	NAME <b>GERDING, JULES</b>		<input type="checkbox"/> Delete		
STREET ADDRESS <b>3930 SW 180 STREET</b>	CITY-ST-ZIP <b>NEWBERRY, FL 32669</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE <b>TRE</b>	NAME <b>GERDING, JULES</b>		<input type="checkbox"/> Delete		
STREET ADDRESS <b>3930 SW 180 STREET</b>	CITY-ST-ZIP <b>NEWBERRY, FL 32669</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE <b></b>	NAME <b></b>		<input type="checkbox"/> Delete		
STREET ADDRESS <b></b>	CITY-ST-ZIP <b></b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE <b></b>	NAME <b></b>		<input type="checkbox"/> Delete		
STREET ADDRESS <b></b>	CITY-ST-ZIP <b></b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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: <b>1-25-05</b>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #: <b>352-494-0319</b>		

50007497



01232005 Chg-P CR2E034 (10/03)