

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90437 020 ***158.75

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04262005 Chg-P CR2E034 (10/03)

DOCUMENT # P04000053767 1. Entity Name JEEGO ENTERPRISE, INC.					
Principal Place of Business 5354 CINDERLAND PARKWAY ORLANDO, FL 32808-1026			Mailing Address 5354 CINDERLAND PARKWAY ORLANDO, FL 32808-1026		
2. Principal Place of Business BLOSSOM 5218 NORTH ORANGE TRAIL		3. Mailing Address 5218 NORTH ORANGE BLOSSOM TRAIL		4. FEI Number <div style="border: 1px solid black; padding: 2px;">Applied For</div> <input checked="" type="checkbox"/> Not Applicable	
Suite, Apt. #, etc. 103		Suite, Apt. #, etc. 103			
City & State ORLANDO, FLORIDA		City & State ORLANDO, FLORIDA			
Zip 32810		Zip 32810			
Country USA		Country USA		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HARRIS, WARREN G 5354 CINDERLAND PARKWAY ORLANDO, FL 32808-1026				7. Name and Address of New Registered Agent Name HARRIS, WARREN G Street Address (P.O. Box Number is Not Acceptable) 5218 NORTH ORANGE BLOSSOM TRAIL #103 City ORLANDO FL Zip Code 32810	
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 <u>Warren G. Harris</u> DATE <u>4/27/05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP		
<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP		
<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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<input type="checkbox"/> Delete			<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: <u>Warren G. Harris</u> <u>4/27/05</u> <u>(407) 782-8795</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone *</small>					