


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 04, 2005 8:00 am**  
**Secretary of State**

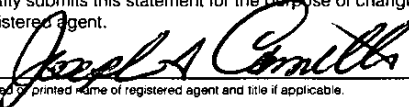
04-04-2005 90082 016 \*\*\*158.75

<b>DOCUMENT # P04000063136</b>			
1. Entity Name <b>JOVEST CONSULTING CORP.</b>			
Principal Place of Business <b>19651 GULF BLVD. UNIT B-1 INDIAN SHORES, FL 33785</b>		Mailing Address <b>19651 GULF BLVD. UNIT B-1 INDIAN SHORES, FL 33785</b>	
2. Principal Place of Business <b>1361 CURLEW RD</b>		3. Mailing Address <b>1361 CURLEW RD.</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>DUNEDIN, FLORIDA</b>		City & State <b>DUNEDIN, FLORIDA</b>	
Zip <b>34698</b>	Country <b>USA</b>	Zip <b>34698</b>	Country <b>USA</b>



02182005 Chg-P CR2E034 (10/03)

4. FEI Number <b>55-0862960</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent <b>CAMILLO, JOSEPH 19651 GULF BLVD. UNIT B-1 INDIAN SHORES, FL 33785</b>		7. Name and Address of New Registered Agent Name <b>Joseph Camillo</b> Street Address (P.O. Box Number is Not Acceptable) <b>1361 CURLEW RD.</b> City <b>DUNEDIN</b> FL Zip Code <b>34698</b>	
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  DATE <b>3/7/05</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			

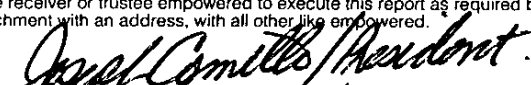
**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$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	PD CAMILLO, JOSEPH 19651 GULF BLVD., UNIT B-1 INDIAN SHORES, FL 33785 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	AD Joseph Camillo 1361 Curlew Rd. Dunedin, Fl. 34698 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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:

  
Joseph Camillo

**3/7/05**

**727-733-1965**