

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000103151

FILED
Apr 27, 2005
Secretary of State

Entity Name: JAKE'S ENTERPRISE OF SOUTH FLORIDA, INC.

Current Principal Place of Business:

3244 FINCH DRIVE
HOLIDAY, FL 34620

New Principal Place of Business:

3244 FINCH DRIVE
HOLIDAY, FL 34690

Current Mailing Address:

3244 FINCH DRIVE
HOLIDAY, FL 34620

New Mailing Address:

3244 FINCH DRIVE
HOLIDAY, FL 34690

FEI Number: 20-1408070

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SPATH, GREGORY B
3244 FINCH DRIVE
HOLIDAY, FL 34620 US

Name and Address of New Registered Agent:

SPATH, GREGORY B
3244 FINCH DRIVE
HOLIDAY, FL 34690 US

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.

SIGNATURE: GREGORY B. SPATH

04/27/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SPATH, GREGORY B
Address: 3244 FINCH DRIVE
City-St-Zip: HOLIDAY, FL 34620

Title: TD () Delete
Name: SPATH, MARCIANNE E
Address: 3244 FINCH DRIVE
City-St-Zip: HOLIDAY, FL 34620

Title: VD () Delete
Name: SPATH, DEAN J
Address: 3279 ROXMERE DRIVE
City-St-Zip: PALM HARBOR, FL 34685

Title: SD () Delete
Name: SPATH, BARBARA R
Address: 3279 ROXMERE DRIVE
City-St-Zip: PALM HARBOR, FL 34685

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: SPATH, GREGORY B
Address: 3244 FINCH DRIVE
City-St-Zip: HOLIDAY, FL 34690

Title: TD (X) Change () Addition
Name: SPATH, MARCIANNE E
Address: 3244 FINCH DRIVE
City-St-Zip: HOLIDAY, FL 34690

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARCIANNE E. SPATH

TD

04/27/2005

Electronic Signature of Signing Officer or Director

Date