2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2007 8:00 am
Secretary of State
05-01-2007 90034 008 ***150.00

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04262007 Chg-P CR2E034 (12/06)

DOCUMENT # P05000161833

1. Entity Name
JAG SALES & DISTRIBUTING, INC.

Principal Place of Business	Mailing Address
5070 ASHLEY LAKE DRIVE #836 BOYNTON BEACH, FL 33437	5070 ASHLEY LAKE DRIVE #836 BOYNTON BEACH, FL 33437

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
4515 SE 11th PLACE	4515 SE 11th PLACE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: OCALA, FLA	City & State: OCALA, FL
Zip: 34471 Country: Marion	Zip: 34471 Country: Marion

4. FEI Number 20-3872555 — Applied For / ✓ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

GOODMAN, JODIE
5070 ASHLEY LAKE DR
#836
BOYNTON BEACH, FL 33437

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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 ______________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2007 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	P GOODMAN, JODIE A 5070 ASHLEY LAKE DR #836 BOYNTON BEACH, FL 33437	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Jodie A. Goodman JODIE A Goodman 4/27/07 352-390-8496
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #