## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 26, 2004 8:00 am Secretary of State

	ANNOAL	1/4: 01/1		<del></del> 1		04-26-3	2004 910	29 042 **	*150.00
DOCUI 1. Entity Nam JASPER									
Principal Place	e of Business	Mailing Address	<u> </u>						
530 BEACON PARKWAY WEST 530 BEACON PARKWAY WEST								•	
STE 900 STE 900									
BIRMINGHAM, AL 35209 BIRMINGHAM, AL 35209					1 HTHER I	or trans come and a mag	811 63201 6160 61	an dida kitil did	(1 <b>09</b> ) () ( <b>34</b> )
2 Principal P	lace of Business	3. Mailing Address	**-						
	Jrban Center Drive	ter Driv	7e		LI IIIEEN INNI KAIIE KUUS I	IKA MISMU MISMU MI	EN DIEN GIEN EIST	(100) (1 (100)	
Suite, Apt. #, etc. Suite, Apt. #, etc.					03302004	Chg-P	CDOE	034 (10/03)	
Suite 370 Suite 370			<u> </u>			<del></del>			
City & State  Birmingham, AL  Birmingham,					4. FEI Numb			<u> </u>	plied For
			Country	- 26	51-0308719			\$8.75 Add	t Applicable
- <i>Z</i> i₀ 35242	USA		JSA		5. Certificate	of Status Desired		Fee Required	
	6. Name and Address of Current I	Registered Agent	Name		7. Name an	d Address of New	Registered	Agent	
UNITED CORPORATE SERVICES, INC. 9200 SOUTH DADELAND BLVD.							100%		
				Street Address (P.O. Box Number is Not Acceptable)					
SUITE 508 MIAMI, FL 33156-0000					J				
,			City				FL	Zip Code	9
8. The above	named entity submits this statement for	the purpose of changing its rer	nistered office or	register	ed agent or bo	oth in the State of I			and accept
	tions of registered agent.	and her been or diversifying the rog	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	. 08.000	os agom, or o	501, 11, 01 <b>0</b> Otalo 51	ionag, ram	TOTAL TOTAL	and decopt
SIGNATURE.									
SIGNATURE.	Signature, typed or printed name of registered agent a	nd tide if applicable. (NOTE: Re	gistered Agent signat.	ire required	when reinstating)		DATE	¥ <del></del>	·
	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.0				00 May 8e ed to Fees				·
10.	OFFICERS AND	<del></del>	11.		ADDITIONS	/CHANGES TO O	FICERS AN		
TITLE	PO MAI TED E	☐ Defete	TITLE NAME					Change	☐ Addition
NAME STREET ADDRESS	JOHNSEY, WALTER F. 530 BEACON PARKWAY WEST	STE 900	STREET ADDRESS	1000	) Urban	Center Dr	ive, S	te. 370	)
CITY-ST-ZIP	BIRMINGHAM, AL 35209		CITY-ST-ZIP	1		AL 35242	-		
TITLE	VS	☐ Dalete	TITLE " #12"					K Change	Addition
NAME	LONG, WILLIAM B.		NAME	1000	) TT1	Combine Do	J C	276	
STREET ADORESS	530 BEACON PARKWAY WEST	STE 900	STREET ADDRESS CITY-ST-ZIP			Center Dr AL 35242		te. 3/0	,
CITY-ST-ZIP	BIRMINGHAM, AL 35209	☐ Delete		DTI	irngiiam,	AL 33242	<del></del>	X Change	☐ Addition
NAME	LONG, WILLIAM B.	□ Delete ·	TITLE . NAME	•				77 Circinge	☐ Addition
STREET ADDRESS	530 BEACON PARKWAY WEST	STE 900	STREET ADDRESS			Center Dr		te. 370	)
CITY-ST-ZIP	BIRMINGHAM, AL 35209		CITY-ST-ZIP	Birn	ningham,	AL 35242			
TITLE		☐ Delete	TITLE					Change	Addition
NAME	}		NAME STREET ADDRESS						
STREET ADDRESS CITY-ST-ZIP			CETY-ST-ZIP						,
TITLE		☐ Delete	IIITE	<del>                                     </del>				☐ Change	☐ Addition
NAME	-2:	<u></u>	NAME						<u> </u>
STREET ADDRESS			STREET ADDRESS						
CITY-ST-ZIP			CITY-ST-ZIP			<u> </u>			
TITLE		☐ Delete	IIILE					Change	Addition
NAME STREET ADDRESS		megga grga	NAME STREET ADDRESS	""			•	127-	norryk
CITY-ST-ZIP			CITY-ST-ZIP						
12. I hereby	certify that the information supplied with	this filing does not qualify for th	e exemption sta	ted in Se	ection 119.07(3	)(i), Florida Statute	s. I further ce	artify that the i	nformation
indicated of the co	certify that the information supplied with d on this report or supplemental report is proration or the receiver or trustee empty, or on an attachment with an address.	s true and accurate and that my owered to execute this report as with all other like exposwered.	signature shall he required by Cha	ave the apter 607	same legal effe 7, Florida Statu	ect as if made unde tes: and that my na	er cath; that I	am an officer in Block 10 o	or director r Block 11 if