

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 91242 035 ***158.75

DOCUMENT # P93000021221 1. Entity Name JESCO FOREST PRODUCTS, INC.			
Principal Place of Business 319 CLEMATIS STREET SUITE 803 WEST PALM BEACH, FL 33401 US		Mailing Address 319 CLEMATIS STREET SUITE 803 WEST PALM BEACH, FL 33401 US	
2. Principal Place of Business 224 MEDITERRANEAN ROAD		3. Mailing Address 224 MEDITERRANEAN ROAD	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State PALM BEACH, FL		City & State PALM BEACH, FL	
Zip 33480		Zip 33480	
Country USA		Country USA	
4. FEI Number 65-0421326		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SAYEGH, JOSEPH E 319 CLEMATIS STREET STE 803 WEST PALM BEACH, FL 33401		7. Name and Address of New Registered Agent Name SAYEGH, JOSEPH E Street Address (P.O. Box Number is Not Acceptable) 224 MEDITERRANEAN ROAD City PALM BEACH FL Zip Code 33480	
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  PRES		SIGNATURE 	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 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	PSTD SAYEGH, JOSEPH E 319 CLEMATIS STREET, STE. 803 WEST PALM BEACH, FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD SAYEGH, JOSEPH E 224 MEDITERRANEAN ROAD PALM BEACH, FL 33480
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
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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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: 		Date 4-28-04 Daytime Phone # 561-373-2394	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

24067316



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