

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**DOCUMENT # P94000084790**

1. Entity Name  
**JAGUAR COMPUTER SYSTEMS, INC.**



Principal Place of Business  
**7764 NORMANDY BLVD  
SUITE 8  
JACKSONVILLE, FL 32221 US**

Mailing Address  
**7764 NORMANDY BLVD  
SUITE 8  
JACKSONVILLE, FL 32221 US**

**FILED**  
**Aug 27, 2004 08:00 AM**  
**Secretary of State**



07052004 No Chg-P CR2E034 (10/03)

4. FEI Number  
**59-3279839**

Applied For  
Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

**MEIDE, MOSES JR.  
817 NORTH MAIN ST  
JACKSONVILLE, FL 32202**

**DO NOT WRITE  
IN THIS SPACE**

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 reappointing)

DATE

**FILE NOW!!! FEE IS \$550.00  
Due by September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**U000000170989  
08/27/04-80001-002 550.00**

**OFFICERS AND DIRECTORS**

**PST  
DEWITT, DONALD C  
1715 SPRING BRANCH DR W  
JACKSONVILLE, FL 32221**

TITLE  
NAME  
STREET ADDRESS  
CITY, ST, ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY, ST, ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY, ST, ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY, ST, ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY, ST, ZIP

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 18.07(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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**8/25/04**

**904-781-7050**

Date

Daytime Phone #