## 2005 FOR PROFIT CERPORATION ANNUAL REPORT

DOCUMENT # P94000090532

FILED Apr 30, 2005 08:00 AM Secretary of State

1. Entity Nar JASEC, I				)		•	
Principal Plac	ce of Business	Mailing Address	·L	7		-	
72 S DIXIE I St augusti	TWY VE, FL 32095	72 S DIXIE HWY ST AUGUSTINE, FL 32095					
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L	OO NOT WRITE	IN I MIS SPA	CE	4. FEI Number 59-3284365			Applied For Not Applicabl
				5. Certificate of	of Status Desired		\$8.75 Additional Fee Required
	6. Name and Address of Current Re	gistered Agent	_	•			
PLANT, CHRISTINE T 72 S DIXIE HWY ST AUGUSTINE, FL 32034				DO	NOT W	RIT	E
			IN THIS SPACE				
	named entity submits this statement for th ions of registered agent.  Signature, typed or printed name of registered agent and the		ad office or registe		ı, in the State of Flo	rida. I ar	
FILE NOW!!! FEE IS \$150.00  After May 1, 2005 Fee will be \$550.00  9. Election Campaign Fina Trust Fund Contribution				i.00 May Be ded to Fees			
10.	OFFICERS AND DIF	ECTORS	_	· · · · · · · · · · · · · · · · · · ·			
TITLE	PSTD		1				
NAME STREET ADDRESS	PLANT, CHRISTINE T 72 S DIXIE HWY		]				
CITY-SI-ZIP	ST AUGUSTINE, FL 32095	. =-	1		Lincon	~~ <i>a</i> ~~	
TITLE		· .	1			U3432 _0000	(18 19-003 150.00
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## DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filling 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: 🚣

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-SI-ZIP
TITLE
NAME
STREET ADDRESS
CITY-SI-ZIP
TITLE
NAME
STREET ADDRESS
CITY-SI-ZIP
STREET ADDRESS
CITY-SI-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

904-824-6575 Daytime Phone ¥