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Secretary of State

07-05-2005 90115 046 ***550.00

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P95000001454

1. Entity Name
JACK OF MANY TRADES, INC.

50054555

Principal Place of Business	Mailing Address
5 HIGH POINT CIRCLE W. #103 NAPLES, FL 34103-4254	5 HIGH POINT CIRCLE W. #103 NAPLES, FL 34103-4254

06182005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	13253 Bristol Parkway Suite, Apt. #, etc.
City & State	Ft. Myers, FL 33913 City & State
Zip / Country	Zip / Country

4. FEI Number 65-0549943 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MCGEE, KEITH J 13253 BRISTOL PARKWAY FORT MYERS, FL 33913	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $550.00
Due by September 7, 2005

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 MC GEE, BRUCE A P.O. BOX 120 LA GRANGE, GA 30241	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	XX Change ☐ Addition 3320 Lumpkin Rd #502 Columbus, GA 31903
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T MCGEE, KEITH J 13253 BRISTOL PARKWAY FORT MYERS, FL 33913	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S JELLISON, LORA J 4912 BYWOOD STREET LEHIGH ACRES, FL 33971	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP MUFFLEY, LYNN M P.O. BOX 110842 NAPLES, FL 341080115	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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 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: _____ 2/JUN/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #