

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P95000014945

1. Entity Name
JOFOKE INVESTMENTS, INC.



FILED

04 MAY -3 PM 3:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

[Handwritten signature]

Principal Place of Business

1924 S OSPREY AVE
STE 200
SARASOTA, FL 34239 US

Mailing Address

P OB OX 1329
SARASOTA, FL 34230 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04122004

Chg-P

CR2E034 (10/03)

4. FEI Number

65-0557701

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MCGINNESS, WILEE
1800 SECOND ST
STE 971
SARASOTA, FL 34236

7. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME HAWIE, EDWARD
STREET ADDRESS 191 NE PEACHTREE ST, 45TH FL
CITY-ST-ZIP ATLANTA, GA 303031763

TITLE VST ☐ Delete
NAME SALSER, RANDAL D
STREET ADDRESS 1924 S OSPREY AVE, STE 200
CITY-ST-ZIP SARASOTA, FL 34239

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 600036057836
CITY-ST-ZIP 05/11/04--01047--020 **8.75

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 600036057836
CITY-ST-ZIP 05/11/04--01047--021 **150.00

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 the like empowered.

SIGNATURE:

Randy Salser
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/04

Date

941-316-6827

Daytime Phone #