


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 16, 2004 08:00 AM
Secretary of State

DOCUMENT # P95000031420 1. Entity Name JAGUAR PIZZA, INC.	
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Principal Place of Business 9802-1 BAYMEADOWS RD. JACKSONVILLE, FL 32256	Mailing Address 9802-1 BAYMEADOWS RD. JACKSONVILLE, FL 32256
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01232004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3309475	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent ESMOND, MICHAEL 11080 ASHFORD GABLE PLACE JACKSONVILLE, FL 32257
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**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 Michael Esmond DATE 1-22-04
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. ☐ **\$5.00** May Be
Added to Fees

11000000052565
02/16/04-80096-016 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ESMOND, MICHAEL O 9802-1 BAYMEADOWS RD. JACKSONVILLE, FL 32256
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IN THIS SPACE**

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: Michael Esmond Michael Esmond 1-22-04 680 7759
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #