

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P95000063262

1. Entity Name
JARVICO II, INC.



Principal Place of Business
2046 MCKINLEY STREET
BAY #7
HOLLYWOOD, FL 33020

Mailing Address
2046 MCKINLEY STREET
BAY #7
HOLLYWOOD, FL 33020

**FILED
May 07, 2004 08:00 AM
Secretary of State**



05042004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0604699	Applied For Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

JARVIS, PETER
2046 MCKINLEY STREET
BAY #7
HOLLYWOOD, FL 33020

**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 restating)

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**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JARVIS, PETER 6 MENDOTA LANE SEA RANCH LAKE, FL 33308
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JARVIS, SUZANNE 6 MENDOTA LANE SEA RANCH LAKES, FL 33308
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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05/07/04-80004-025 150.00

**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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Peter Jarvis 5/4/04 754-9211/B