

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 26, 2004 8:00 am**  
**Secretary of State**

04-26-2004 91018 045 \*\*\*150.00

**DOCUMENT # P95000097871**

1. Entity Name

JENNY ASSOCIATES, INC.



Principal Place of Business

2440 S TAMiami TRAIL  
NOKOMIS FL 34275

Mailing Address

P.O. BOX 520  
OSPREY FL 34229

2. Principal Place of Business

101 CHARDIN DRIVE

3. Mailing Address

Suite, Apt. #, etc.



MOORE

CR2E034 (11/03)

City & State

NOKOMIS, FL

City & State

4. FEI Number

65-0635516

Applied For

Not Applicable

Zip

34275

Country

SARASOTA

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

ROWAN, ROBERTA S  
873 S. TAMiami TR.  
OSPREY FL 34229

7. Name and Address of New Registered Agent

Name ROBERTA S. ROWAN

Street Address (P.O. Box Number is Not Acceptable)  
101 CHARDIN DRIVE

City NOKOMIS

FL

Zip Code 34275

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

*Roberta Rowan*

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

(NOTE: Registered Agent signature required when reinstating)

4-21-04

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2004 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution.

☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete  
NAME ROWAN, ROBERTA S  
STREET ADDRESS 873 S. TAMiami TR.  
CITY-ST-ZIP OSPREY FL 34229

TITLE D ☐ Delete  
NAME ROWAN, PETER J  
STREET ADDRESS 873 S. TAMiami TR.  
CITY-ST-ZIP OSPREY FL 34229

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 101 CHARDIN DRIVE ADDRESS  
CITY-ST-ZIP NOKOMIS, FL. 34275

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 101 CHARDIN DRIVE  
CITY-ST-ZIP NOKOMIS, FL. 34275

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 other like empowered.

SIGNATURE:

*Roberta Rowan*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROBERTA ROWAN

4-21-04

966-5684

Daytime Phone #