



# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 10, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P96000030264</b>	
1. Entity Name <b>THE JAGER GROUP, INC.</b>	

Principal Place of Business <b>1812 S HWY 77 SUITE 115 LYNN HAVEN, FL 32444 US</b>	Mailing Address <b>1812 S HWY 77 SUITE 115 LYNN HAVEN, FL 32444 US</b>
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**DO NOT WRITE IN THIS SPACE**

	
03022004 No Chg-P CR2E034 (10/03)	
4. FEI Number <b>59-3375879</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent <b>HUGHSON, WES 4626 DELWOOD PK BLVD PANAMA CITY BEACH, FL 32408</b>	<b>DO NOT WRITE IN THIS SPACE</b>
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>000000083938 03/10/04-80057-024 150.00</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HUGHSON, WES W 4626 DELWOOD PARK BLVD. PANAMA CITY BEACH, FL 32408
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD HUGHSON, JESSICA B 4626 DELWOOD PARK BLVD. PANAMA CITY BEACH, FL 32408
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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 19.07(3)(f), 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: <u>Jessica Hughson</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<b>3/2/04</b> <small>Date</small>	<b>850-265-3011</b> <small>Daytime Phone #</small>
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