
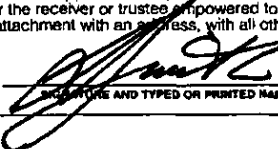


2004 FOR PROFIT CORPORATION ANNUAL REPORT

4/16/

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-16-2004 90042 046 ***150.00

DOCUMENT # P96000034043			
1. Entity Name JUMBO OVERSEAS, INC.			
Principal Place of Business 7226 W COLONIAL DR #104 ORLANDO, FL 32818 US		Mailing Address 7226 W COLONIAL DR 104 ORLANDO, FL 32818 US	
2. Principal Place of Business 2582 S. Maguire Rd 12578 Stoneybrook W. Pkwy City & State Winter Garden, FL Zip 34787 Country USA		3. Mailing Address 2582 S. Maguire Rd City & State Ocoee, FL Zip 34761 Country USA	
03252004 Chg-P		CR2E034 (10/03)	
4. FEI Number 59-3388503		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SMITH, H J 12578 REAVES ROAD stoneybrook W. Pkwy WINTER GARDEN, FL 34787		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. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MR SMITH, HAROLD JAMES PO BOX 1488 MANABA BEACH, SA 4276 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Mr Smith, Harold James 2582 S. Maguire Rd #328 Ocoee, FL 34787 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OR SMITHFIELD, FARM INTERLACHEN DR UVONGO, SA 4270 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 		Date: 04/12/04 Daytime Phone #	

66417388



address change only

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