


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 26, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P96000074893</b> 1. Entity Name JARVIS-PROBST, INC.	
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Principal Place of Business 6220 SOUTH ORANGE BLOSSOM TRAIL SUITE 108 ORLANDO, FL 32809 US	Mailing Address 6220 SOUTH ORANGE BLOSSOM TRAIL SUITE 108 ORLANDO, FL 32809 US
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01232004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-3405873	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**

JARVIS, EDGAR L  
6220 SOUTH ORANGE BLOSSOM TRAIL  
SUITE 108  
ORLANDO, FL 32809

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing ☐ \$5.00 May Be  
Trust Fund Contribution. Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JARVIS, VIRGINIA P 1735 LAKE ROBERTS CT WINDERMERE, FL 34786
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST JARVIS, EDGAR L 1735 LAKE ROBERTS CT WINDERMERE, FL 34786
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UD0000013747  
01/26/04-80066-008 150.00

**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: Elgar L. Jan  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/23/04 407-240-7633  
Date Daytime Phone #