


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 12, 2004 8:00 am
Secretary of State

04-12-2004 90265 020 ***150.00

DOCUMENT # P96000094007			
1. Entity Name JTO, INC.			
Principal Place of Business 11750 PHILLIPS HIGHWAY JACKSONVILLE FL 32256		Mailing Address 11750 PHILLIPS HIGHWAY JACKSONVILLE FL 32256	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



MOORE CR2E034 (11/03)

4. FEI Number 59-3410379		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
FEREBEE, DAVID B ESQ 503 EAST MONROE STREET JACKSONVILLE FL 32202		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 _____ (NOTE: Registered Agent signature required when reinstating) 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D <input type="checkbox"/> Delete	NAME OBI, JACK	TITLE D/P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME OBI, JACK
STREET ADDRESS 10676 QUAIL RIDGE DRIVE	CITY-ST-ZIP ST. AUGUSTINE FL 32095	STREET ADDRESS 10676 Quail Ridge Dr.	CITY-ST-ZIP ST. AUGUSTINE, FL. 32095
TITLE D <input type="checkbox"/> Delete	NAME OBI, M DIANE	TITLE D/S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME OBI, M DIANE
STREET ADDRESS 10676 QUAIL RIDGE DR	CITY-ST-ZIP SAINT AUGUSTINE FL 32095	STREET ADDRESS 10676 Quail Ridge Dr.	CITY-ST-ZIP ST. AUGUSTINE, FL. 32095
TITLE <input type="checkbox"/> Delete	NAME	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
TITLE <input type="checkbox"/> Delete	NAME	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
TITLE <input type="checkbox"/> Delete	NAME	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
STREET ADDRESS	CITY-ST-ZIP	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: *Jack Obi* JACK OBI **4-08-04** 904/880-9800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #