

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 13, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P97000027268**

1. Entity Name  
**JAYE & JUNCK CONSULTING, INC.**



Principal Place of Business

**900 FOX VALLEY DR  
SUITE 100  
LONGWOOD, FL 32799 US**

Mailing Address

**900 FOX VALLEY DRIVE  
SUITE 100  
LONGWOOD, FL 32779 US**



03052003 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-3439027**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**JUNCK, MICHAEL G  
900 FOX VALLEY DR  
SUITE 100  
LONGWOOD, FL 32779**

**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

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  
Due by September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	JUNCK, MICHAEL G.
STREET ADDRESS	900 FOX VALLEY DR, SUITE 100
CITY - ST - ZIP	LONGWOOD, FL 32779
TITLE	VP
NAME	JAYE, RICK A.
STREET ADDRESS	900 FOX VALLEY DR, SUITE 100
CITY - ST - ZIP	LONGWOOD, FL 32779
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

U00000160077  
05/13/04-80006-013 150.00

**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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Michael G. Junck* *Rick Jaye*

5/10/04

407 774 8229