2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Apr 21, 2004 8:00 am Secretary of State DOCUMENT # 19700038508 04-21-2004 90058 018 ***158.75 JUMP START INDUSTRIAL INC. Principal Place of Business Mailing Address 6312 U.S. HWY 301 N. PMB 396 BRADENTON FL 34222 6247 ROCK CREEK CIR いまひひひませい **ELLENTON FL 34222** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E034 (11/03) City & State 4. FEI Number 65-0749250 Applied For City & State Not Applicable Zip 5. Certificate of Status Desired - Fee Required --Country 7in Country 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DESENBERG, TREY Street Address (P.O. Box Number is Not Acceptable) 3208 BAY DR **BRADENTON FL 34222** City Zip Code FL .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. 1 38 33 36 . . 30 Signature, typed or printed name of registered agont and title if applicable. (1997) (NOTE, Registered Agent signature required when reinstalling) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be 112.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Director, Vice President nne Change Addition ☐ Defete TITLE DESENBERG, TREY NAME NAME 3208 BAY DR STREET ADDRESS STREET ADDRESS CITY - ST - ZIP BRADENTON FL 34222 3 420フ CITY-ST-7IP ☐ Addition Delete TITLE TITLE DEJENBERG, MILFORD JA NAME NAME 1321 N. Lakestone AN SAMSOIN PL 3425/ STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE DESENBERG ZITA 1321 N. LAKESHONE DA ☐ Defete TITLE ☐ Change Addition MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SANAJOM PC 3423/ CITY-ST-ZIP ☐ Change Addition Delete TITLE TITLE NAME: NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete TITLE NAME NAME the tip to be promise $(\mathcal{S}, \mathcal{S}_{\mathcal{S}}, \mathcal{S}_{\mathcal{S$ STREET ADDRESS STREET ADDRESS a fighter than being a parameter 证证据 医医神经病的 CITY-ST-7IP CITY-ST-7IP ☐ Addition Change TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST- ZIP

FILED