

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2005 8:00 am
Secretary of State

04-04-2005 90058 028 ***150.00

DOCUMENT # P97000046122

1. Entity Name
JOLEX, INC.



Principal Place of Business
**1868 RIVEREDGE DRIVE
TARPON SPRINGS, FL 34689**

Mailing Address
**1868 RIVEREDGE DRIVE
TARPON SPRINGS, FL 34689**

A0045123



2. Principal Place of Business
744 Ancote Rd
Suite, Apt. #, etc.

3. Mailing Address
744 Ancote Rd
Suite, Apt. #, etc.

02082005 Chg-P CR2E034 (10/03)

City & State
Tarpon Springs, FL
Zip **34689** Country

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Tarpon Springs, FL
Zip **34689** Country

4. FEI Number
59-3452949 Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**VARVARESOS, JOHN
1868 RIVERDEE DRIVE
TARPON SPRGS, FL 34689**

7. Name and Address of New Registered Agent

Name **Varvaresos, John**
Street Address (P.O. Box Number is Not Acceptable)
744 Ancote Rd
City **Tarpon Springs FL** Zip Code **34689**

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: *John Varvaresos*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reconstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **VARVARESOS, JOHN**
STREET ADDRESS **1868 RIVEREDGE DRIVE**
CITY-ST-ZIP **TARPON SPRINGS, FL 34689**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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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: *John Varvaresos*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOHN VARVARESOS **PRESIDENT**

Date

Daytime Phone #