

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 18, 2004 8:00 am**  
**Secretary of State**

03-18-2004 90035 013 \*\*\*150.00

**DOCUMENT # P97000055996**

**1. Entity Name**  
**JAEGER FAMILY CORPORATION**



**Principal Place of Business**  
**135 N. KNOWLES AVE.**  
**WINTER PARK, FL 32789**

**Mailing Address**  
**135 N. KNOWLES AVE.**  
**WINTER PARK, FL 32789**

**2. Principal Place of Business**  
**1250 College Point**  
**Suite, Apt. #, etc.**

**3. Mailing Address**  
**1250 College Point**  
**Suite, Apt. #, etc.**



02172004 Chg-P CR2E034 (10/03)

**City & State**  
**Winter Park, FL**  
**Zip**  
**32789**  
**Country**  
**USA**

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**Winter Park, FL**  
**Zip**  
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**USA**

**4. FEI Number**  
**59-3457297**  
**Applied For**  
**Not Applicable**

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

**6. Name and Address of Current Registered Agent**

**HARBERT, RONALD A**  
**225 E. ROBINSON ST., STE. 600**  
**ORLANDO, FL 32801**

**7. Name and Address of New Registered Agent**

**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** \_\_\_\_\_ 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**  
**After May 1, 2004 Fee will be \$550.00**

**9. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

**TITLE** **D** ☐ **Delete**  
**NAME** **JAEGER, DONALD C**  
**STREET ADDRESS** **135 N. KNOWLES AVE.**  
**CITY-ST-ZIP** **WINTER PARK, FL 32789**

**TITLE** **D** ☐ **Delete**  
**NAME** **JAEGER, SARAH P**  
**STREET ADDRESS** **135 N. KNOWLES AVE.**  
**CITY-ST-ZIP** **WINTER PARK, FL 32789**

**TITLE** ☐ **Delete**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ **Delete**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ **Delete**  
**NAME**  
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**TITLE** ☐ **Delete**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE** **D** ☒ **Change** ☐ **Addition**  
**NAME** **Jaeger, Donald C.**  
**STREET ADDRESS** **1250 College Point**  
**CITY-ST-ZIP** **Winter Park, FL 32789**

**TITLE** **D** ☒ **Change** ☐ **Addition**  
**NAME** **Jaeger, Sarah P**  
**STREET ADDRESS** **1250 College Point**  
**CITY-ST-ZIP** **Winter Park, FL 32789**

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

**TITLE** ☐ **Change** ☐ **Addition**  
**NAME**  
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**TITLE** ☐ **Change** ☐ **Addition**  
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**CITY-ST-ZIP**

**TITLE** ☐ **Change** ☐ **Addition**  
**NAME**  
**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:** Donald C. Jaeger **DATE:** 3/14/04 **DAYTIME PHONE #:** 407 718-7574  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR