


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 01, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P97000085524</b> 1. Entity Name <b>JOGY CORPORATION</b>	
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Principal Place of Business <b>1371 N. MILITARY TRAIL WEST PALM BEACH, FL 33409 US</b>	Mailing Address <b>798 COTTON BAY DR. WEST APT. #1416 WEST PALM BEACH, FL 33406 US</b>
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**DO NOT WRITE IN THIS SPACE**



03222004 No Chg-P CR2E034 (10/03)

4. FEI Number <b>59-3473551</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fees Required
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**6. Name and Address of Current Registered Agent**

**GROVE, UTA S ESQ  
2451 MC MULLEN BOOTH ROAD STE 231  
CLEARWATER, FL 33759**

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

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

U000000100758

04/01/04-80020-007 150.00

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P GEISER, JOERG J 798 COTTON BAY DRIVE WEST # 1416 WEST PALM BEACH, FL 33406</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TS GEISER, CHRISTIANE 798 COTTON BAY DRIVE WEST # 1416 WEST PALM BEACH, FL 33406</b>
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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 #

03/31/04