


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 26, 2004 8:00 am**  
**Secretary of State**

04-26-2004 91037 038 \*\*\*150.00

<b>DOCUMENT # P98000031000</b>	
1. Entity Name <b>JACO OF OCALA, INC.</b>	

Principal Place of Business <b>2300 SE 17TH ST. STE 200 OCALA FL 34471</b>	Mailing Address <b>4598 SW 159TH ST. Road OCALA FL 34473</b>
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2. Principal Place of Business <b>4598 S.W. 159th St. Rd.</b> Suite, Apt. #, etc.	3. Mailing Address <b>4598 S.W. 159th St. Rd.</b> Suite, Apt. #, etc.
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City & State <b>OCALA, Florida</b>	City & State <b>OCALA, Florida</b>
Zip <b>34473</b>	Zip <b>34473</b>
Country <b>MARION</b>	Country <b>MARION</b>

4. FEI Number <b>59-3515918</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent <b>ANDERSON, MILES C 2300 SE 17TH OCALA FL 34471</b> <i>omit</i>	
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7. Name and Address of New Registered Agent Name <b>Robert L. Jenkins</b> Street Address (P.O. Box Number is Not Acceptable) <b>4598 S.W. 159th Street Road</b> City <b>OCALA</b> FL Zip Code <b>34473</b>	
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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 **Robert L. Jenkins** (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JENKINS, ROBERT L 4598 SW 159TH ST. RD. OCALA FL 34473 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ANDERSON, MILES C 4923 SE 41 ST COURT OCALA FL 34480 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST JENKINS, MILDRED H 4598 SW 159TH ST. RD. OCALA FL 34473 <i>STAYS</i> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **Robert L. Jenkins** Robert L. Jenkins Pres. 404-04(352)307-0140  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #