


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 09, 2005 8:00 am**  
**Secretary of State**

05-09-2005 90299 008 \*\*\*158.75

|  |   |
|--|---|
| <b>DOCUMENT # P98000039743</b><br>1. Entity Name<br><b>J.T. PARTNERS, INC.</b> |  |
|--|---|

|   |   |
|---|---|
| Principal Place of Business<br><b>2 SOUTH U.S. HIGHWAY 17-92<br/>DEBARY, FL 32713</b> | Mailing Address<br><b>2 SOUTH U.S. HIGHWAY 17-92<br/>DEBARY, FL 32713</b> |
|---|---|

**50051189**



04082005 No Chg-P CR2E034 (10/03)

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|   |  |
|---|--|
| 4. FEI Number<br><b>59-3506811</b>                        | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75</b> Additional Fee Required                  |

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

**SCHULER, JOHN  
520 HAYMAN COURT  
DEBARY, FL 32713**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reappointing) 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<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | PD<br>SCHULER, JOHN<br>520 HAYMAN CT<br>DEBARY, FL 32713  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | VPD<br>SCHULER, JUDY<br>520 HAYMAN CT<br>DEBARY, FL 32713 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>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:**

*Judy R Schuler*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4-11-05* *386-668-2073*  
Date Daytime Phone #