

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 25, 2005 08:00 AM
Secretary of State

DOCUMENT # P98000044861

1. Entity Name
JAGS-AIR, INC.



Principal Place of Business
1 SOUTH SCHOOL AVENUE
STE 1000
SARASOTA, FL 34236

Mailing Address
1 SOUTH SCHOOL AVENUE
STE 1000
SARASOTA, FL 34236



01032005 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0835932

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

MATZKIN, STEVEN R
1 SOUTH SCHOOL AVENUE
STE 1000
SARASOTA, FL 34236

**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 date if applicable

(NOTE: Registered Agent Signature required when re-registering)

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
NAME
STREET ADDRESS
CITY-ST-ZIP
D
MATZKIN, STEVEN R
1 S SCHOOL AVE STE 1000
SARASOTA, FL 342376046

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
MATZKIN, GEORGEANN
1 S SCHOOL AVE STE 1000
SARASOTA, FL 342376046

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000276708
03/25/05-80050-014 150.00

**DO NOT WRITE
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)(f), 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

2/3/05

Date

Daytime Phone #

941-955-3150