

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000061338

Entity Name: BAILJUMPER, INC.

FILED  
Feb 21, 2005  
Secretary of State

**Current Principal Place of Business:**

P.O. BOX 8701  
TAMPA, FL 33604

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 8701  
TAMPA, FL 33604

**New Mailing Address:**

FEI Number: 59-3253021

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

OSCAR HALL  
P O BOX 4448  
TAMPA, FL 336074448 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: HALL, OSCAR  
Address: P O BOX 4448  
City-St-Zip: TAMPA, FL 336774448

Title: P ( ) Delete  
Name: HALL, OSCAR P  
Address: 510 HIGHVIEW TER N  
City-St-Zip: BRANDON, FL 33510

Title: VP ( ) Delete  
Name: HALL, KAREN D  
Address: 3005 28TH AVE E  
City-St-Zip: TAMPA, FL 33615

Title: S/T ( ) Delete  
Name: HALL, FANNIE  
Address: 510 HIGHVIEW TER N  
City-St-Zip: BRANDON, FL 33510

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: OSCAR HALL

P

02/21/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date