
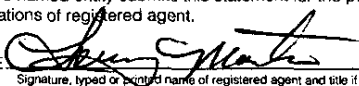
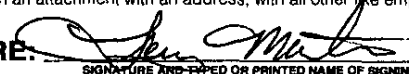


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 27, 2004 8:00 am**  
**Secretary of State**

02-27-2004 90021 008 \*\*\*150.00

<b>DOCUMENT # P98000063303</b> 1. Entity Name <b>JALFCO, INC.</b>					
Principal Place of Business <b>1928 LIMBUS AVE E SARASOTA, FL 34243</b>			Mailing Address <b>P.O. BOX 14757 BRADENTON, FL 34280 US</b>		
2. Principal Place of Business <b>3015-65 ST E.</b>			3. Mailing Address Suite, Apt. #, etc.		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State <b>BRADENTON FL</b>			City & State		
Zip <b>34208</b>		Country <b>USA</b>		Zip	
Country		Zip		Country	
4. FEI Number <b>65-0856308</b>				Applied For <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  <b>MARTIN, LARRY 3015 65TH STREET EAST BRADENTON, FL 34208</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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:  <b>LARRY MARTIN, PRES.</b> <span style="float: right;">1-30-04</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <b>MARTIN, LARRY 3015 65TH STREET EAST BRADENTON, FL 34208</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD <b>MARTIN, GALE 3015 65 STREET EAST BRADENTON, FL 34208</b> <input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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:  <b>LARRY MARTIN, PRES.</b> <span style="float: right;">1-30-04</span> <span style="float: right;">941-744-1995</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

04012863



02192004 Chg-P CR2E034 (10/03)