

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 15, 2005 8:00 am**  
**Secretary of State**

08-15-2005 90080 010 \*\*\*150.00

**DOCUMENT # P98000063303**

1. Entity Name  
**JALFCO, INC.**



Principal Place of Business  
**3015 65 ST E  
BRADENTON, FL 34208**

Mailing Address  
**P.O. BOX 14757  
BRADENTON, FL 34280 US**

**50061591**



2. Principal Place of Business

3. Mailing Address

**3015-65 ST E**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

05112005

Chg-P

CR2E034 (10/03)

City & State

City & State

**BRADENTON FL**

4. FEI Number

**65-0856308**

Applied For

Not Applicable

Zip

Country

Zip

Country

**34208**

**USA**

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MARTIN, LARRY  
3015 65TH STREET EAST  
BRADENTON, FL 34208**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
Due by September 7, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	MARTIN, LARRY	
STREET ADDRESS	3015 65TH STREET EAST	
CITY-ST-ZIP	BRADENTON, FL 34208	
TITLE	VTD	<input type="checkbox"/> Delete
NAME	MARTIN, GALE	
STREET ADDRESS	3015 65 STREET EAST	
CITY-ST-ZIP	BRADENTON, FL 34208	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 life empowered.

**SIGNATURE:**

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**8-10-05**  
Date

**941-744-1995**  
Daytime Phone #