## 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Schools   Scho	DOCU 1. Entity Nam JEMPO, I	ne	# P98000082	753						, 2005 ( retary of		
Suite, Apt. 4, etc.  Suite, Ap	2643 MULU	IGAN DR.	S	2643	MULUGAN DR.				<b>18</b>	R 44411 MANN I MAN I 11011 140		
City & State	2. Principal P	Place of Busir	3. Maili	3. Mailing Address								
Zip   Country   Zip   Country   Zip   Country   St. Certificate of Status Desired   \$3.75 Additional Fee Required Fee Re	Suite, Apt. #, etc.			Suite	Suite, Apt. #, etc.			15	st MOORE	CR2E034 (10/	04)	
6. Name and Address of Current Registered Agent  7. Name and Address of New Registered Agent  Name  MAHATZKE, DAVIDE E 3409 SW 1ST AVE CAPE CORAL FL 33914  City  FL  Zip Code  8. The above named entity submits this statement for the purpose of changing his registered of filed or registered agent, or both, in the State of Florida. I am familiar with, and as the colligations of registered agent or both, in the State of Florida. I am familiar with, and as the colligations of registered agent or both, in the State of Florida. I am familiar with, and as the colligations of registered agent or both, in the State of Florida. I am familiar with, and as the colligations of registered agent or both, in the State of Florida. I am familiar with, and as the colligations of registered agent or both, in the State of Florida. I am familiar with, and as the colligations of registered agent or both, in the State of Florida. I am familiar with, and as the colligations of registered agent or both, in the State of Florida. I am familiar with, and as the colligations of registered agent, or both, in the State of Florida. I am familiar with, and as the colligations of registered agent, or both, in the State of Florida. I am familiar with, and as the colligations of registered agent, or both, in the State of Florida. I am familiar with, and as the colligations of registered agent, or both, in the State of Florida. I am familiar with, and as the colligations of registered agent, or both, in the State of Florida. I am familiar with, and as the colligations of registered agent, or both, in the State of Florida. I am familiar with, and as the colligations of registered agent, or both, in the State of Florida. I am familiar with, and as the colligations of registered agent, or both, in the State of Florida. I am familiar with, and as the colligations of registered agent, or both, in the State of Florida. I am familiar with, and as the colligations of registered agent, or both, in the State of Florida. I am familiar with, and as the colliga	City & State				& State		4. FEI Number 65-0864677 Applied For Not Applicable					
MAHATZKE, DAVID E 3409 SW 1ST AVE CAPE CORAL FL 33914  City FL Zip Code  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and act the obligations of registered agent are defined approache.  SIGNATURE  Signature, types or pPRE state of registered agent and life is approache.  FILE NOW!!! FEE IS \$150.00  After May 1, 2005 Fee Will Be \$850.00  Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  III. ADDITIONS/CHANGES IN TURN CONTRIBUTION. AND DIRECTORS IN THE INDIVIDUAL CONTRIBUTION. AND DIRECTORS CITY ST-2P  ITILE  ST	Zip					Coun	ntry			Fee F	Required	nal
3409 SW 1ST AVE CAPE CORAL FL 33914  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 act the obligations of registered agent agent and life superior to the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and act the obligations of registered agent agent and life superior to the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and act the obligations of registered agent age	<del></del>	_6, Name	and Address of Curre	ent Registere	d Agent	<del>-</del>	- Name	7. Name an	d Address of New I	Registered Agent		
B. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and act the obligations of registered agent.  SIGNATURE  Segments, foreit a PFRE tarms of registered agent and other inspirates. (NOTE Registered Agent agression required when selection).  FILE NOW!!! FEE IS \$150.00  After May 1, 2005 Fee Will Be \$550.00  Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  INTEL  MAHATZKE, JAMES E  SIRECT ADDRESS  CITY ST-2PP  JACKSON MI 49203  THE ST  MAHATZKE, DAVID E  SIRECT ADDRESS  CITY ST-2PP  AAM!  MAHATZKE, VIRGINIA L  SIRECT ADDRESS  CITY ST-2PP  THE  ST  MAHATZKE, VIRGINIA L  SIRECT ADDRESS  CITY ST-2PP  THE  MAME  MAHATZKE, VIRGINIA L  SIRECT ADDRESS  CITY ST-2PP  THE  MAME  MAME  MAHATZKE, VIRGINIA L  SIRECT ADDRESS  CITY ST-2PP  THE  MAME	340	9 SW 15	T AVE				Street Address (P.O. Box Number is Not Acceptable)					
B. The above named entity submits this statement for the purpose of changing its registered define or registered agent, or both, in the State of Florida. I am familiar with, and act the obligations of registered agent.  SIGNATURE  Signature, yield or piritid name of registered agent and life if applicable.  Particle NOW!!! FEE IS \$150.00  After May 1, 2005 Fee Will Be \$550.00  Make Check Payable to Florida Department of State  10. OFTICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  FILE  NAME  NAME  NAME  NAME  NAME  NAME  JACKSON MI 49203  ITHE  VP  NAME  SIRET ADDRESS  OITY ST-2PP  TILE  ST  NAME  MAHATZKE, DAVID E  SIRET ADDRESS  OITY ST-2PP  TILE  NAME  NAME							City			FI Z	ip Code	
11.   ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11   INDEPLIES TO OFFICERS AND DIRECTORS IN 11   INDEPL	the obligated SIGNATURE	Signature, typed  FILE NOW!	o printed name of registered as !! FEE IS \$150.00 05 Fee Will Be \$550	pent and title if appl		ħ.			9. Election Camp	DATE paign Financing	\$5.00	May Be
MAME					 R\$	11.		ADDITIONS	CHANGES TO OF	FICERS AND DIRE	CTORS IN	V 11
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12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the informal 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 dire 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 changed, or on an attachment with an address, with all other like empowered.  SIGNATURE:  SIGNATURE  SIGNATURE  Dayling Priority  Dayling Pri	indicated of the cor changed	d on this repoi rporation or ti l, or on an atta L	rt or supplemental repo ne receiver or trustee et achment with an addre	rt is true and a mpowered to e ss, with all oth	accurate and that execute this repor er like empowered	my signa t as requi	iture shall have the ired by Chapter 607	same legal effe	ect as if made under es, and that my nam	oath; that I am an ne appears in Bloo	officer or ck 10 or BI	director ock 11 if

**FILED**