

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2004 8:00 am
Secretary of State

04-27-2004 90050 028 ***150.00

DOCUMENT # P98000100415

1. Entity Name
JUNGLE VISION, INC.



Principal Place of Business

111 DREW COURT
NICEVILLE, FL 32578

Mailing Address

111 DREW COURT
NICEVILLE, FL 32578

24056243

2. Principal Place of Business

111 Drew Ct
Suite, Apt. #, etc.

3. Mailing Address

111 Drew Ct
Suite, Apt. #, etc.



04152004 Chg-P CR2E034 (10/03)

City & State

Niceville FL

City & State

Niceville, FL

4. FEI Number

59-3545289

Applied For

Not Applicable

Zip

32578

Country

USA

Zip

32578

Country

USA

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

6. Name and Address of Current Registered Agent

FORTUNE, JENNIFER LYNN
111 DREW CIRCLE
NICEVILLE, FL 32578

7. Name and Address of New Registered Agent

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
After May 1, 2004 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 P FORTUNE, JENNIFER LYNN ☐ Delete
STREET ADDRESS 111 DREW COURT
CITY-ST-ZIP NICEVILLE, FL 32578

TITLE NAME D SHORT, PATRICIA ☐ Delete
STREET ADDRESS 1506 KRUSE DR
CITY-ST-ZIP FORT WALTON BEACH, FL 32547

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
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 like empowered.

SIGNATURE:

Jennifer Fortune

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #