## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## **FILED** Mar 06, 2004 08:00 AM

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DOCUMENT # P99000001642  1. Entity Name JOLIE ENTERPRISES INCORPORATED					3	ecretary of St	æ
5451 WINDW	VARD WAY	Mailing Address 5451 WINDWARD WAY NEW PORT RICHEY, FL 34652					
DO NOT WRITE IN THIS SPA			CE	03022004 4. FEI Numb 59-355	No Chg-P	CR2E034 (10/03) Applied Fo	or .
:				5. Certificate	of Status Desired	\$8.75 Additional Fee Required	
	6. Name and Address of Current Reg	stered Agent					
KOROGODON, SHARON 5431 WINDWAY WAY NEW PORT RICHEY, FL 34652			DO NOT WRITE IN THIS SPACE				
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. It 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 Final Trust Fund Contribution.				.00 May Be ed to Fees			
10. OFFICERS AND DIRECTORS							
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KOROGODON, SHARON 5451 WINWARD WAY NEW PORT RICHEY, FL 34652			•	0000U	0078870 -80042-020, 150 <b>,</b> 00	3
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			all manufactures of the second se	DO	NOT W	'RITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN -	THIS SF	PACE	
TITLE NAME							

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 frue and accurate and that my signature shell 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 eproperly 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.

CITY-ST-ZIP

NAME STREET ADDRESS CITY-ST-ZIP

SIGNAPORE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR