

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2004 08:00 AM
Secretary of State

DOCUMENT # P99000024960 1. Entity Name ALL JAGUAR, INC.					
Principal Place of Business 704 GENERAL HUTCHINSON PARKWAY UNIT 102 LONGWOOD, FL 32750			Mailing Address 704 GENERAL HUTCHINSON PARKWAY UNIT 102 LONGWOOD, FL 32750		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 59-3564105	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent SUTER, WILLIAM E III 704 GENERAL HUTCHINSON PARKWAY UNIT 102 LONGWOOD, FL 32750				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number Is Not Acceptable) City	
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 _____ (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. <input type="checkbox"/> \$5.00 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	PTD <input type="checkbox"/> Delete SUTER, WILLIAM E JR. 704 GENERAL HUTCHINSON PKWY., UNIT 102 LONGWOOD, FL 32750			<input type="checkbox"/> Change <input type="checkbox"/> Addition <div style="text-align: center;"> U000000112314 04/14/04-80018-008 150.00 </div>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPSD <input type="checkbox"/> Delete SUTER, WILLIAM E III 704 GENERAL HUTCHINSON PKWY., UNIT 102 LONGWOOD, FL 32750			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			<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:				4/12/04 407-830-5245	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #	