


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 07, 2005 8:00 am**  
**Secretary of State**

03-07-2005 90268 006 \*\*\*150.00

<b>DOCUMENT # P99000029720</b> 1. Entity Name <b>JENNICO RESOURCES, INC.</b>					
Principal Place of Business <b>1575 PINEHURST DRIVE CASSELBERRY, FL 32707</b>			Mailing Address <b>1575 PINEHURST DRIVE CASSELBERRY, FL 32707</b>		
2. Principal Place of Business <b>14402 STAMFORD CR</b> Suite, Apt. #, etc.		3. Mailing Address <b>14402 STAMFORD CR.</b> Suite, Apt. #, etc.			
City & State <b>ORLANDO FL.</b> Zip <b>32826</b> Country <b>ORANGE</b>		City & State <b>ORLANDO FL.</b> Zip <b>32826</b> Country		4. FEI Number <b>59-3579429</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent <b>BOFFI, CHRISTINA C 1575 PINEHURST DRIVE CASSELBERRY, FL 32707</b>					
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>14402 STAMFORD CIRCLE</b> City <b>ORLANDO</b> FL Zip Code <b>32826</b>					
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 <u>Christina C Boffi</u> (NOTE: Registered Agent signature required when reinstating) DATE <u>January 21, 2005</u>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>					
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BOFFI, CHRISTINA C		NAME	14402 STAMFORD CR	
STREET ADDRESS	1575 PINEHURST DR		STREET ADDRESS	ORLANDO FL 32826	
CITY-ST-ZIP	CASSELBERRY, FL 32707		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BOFFI, F. ROBERT		NAME	14402 STAMFORD CR	
STREET ADDRESS	1575 PINEHURST DR		STREET ADDRESS	ORLANDO FL 32826	
CITY-ST-ZIP	CASSELBERRY, FL 32707		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: <u>Christina C Boffi</u> <span style="float: right;">Jan 21, 2005</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					