2005 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE: _

FILED May 03, 2005 8:00 am Secretary of State

Daytime Phone #

DOCU 1. Entity Nam J. M. BAK				05-03-2005 90103 037 ***150.00									
Principal Plac	e of Busines	s		Mailing Address									
777 ALHAME				223 BARACOA CT.									
ST. AUGUSTINE, FL 32086				ST. AUGUSTINE, FL 32086									
					= (1)(n g		2864 P)(8)						
Principal Place of Business A. Mailing Address													
Z. FINNIPER	Tace or bos	less	-	4255 US 1 South				I III III III		III EI EE	M 1191 Filbi	(1	8.000 (I ILA)
Suite, Apt.	#, etc.			Suite, Apt. #, etc.				04202005 Chg-P CR2E034 (10/03)					
•				Suite 18, Box B25				04202005		hg-P	Unzc	034 (10/03 <i>)</i>	
City & State	е			City & State				4. FEI Numbe					oplied For
<u></u>				St. Augustine, FL				59-361	<u>4723</u>				ot Applicable
ZIp Country				Zip — -	Count USA	ry	.	5. Certificate	of State	us Desired	<u> </u>	-\$8.75-Ad	ditional
6. Name and Address of Current F				32086		7. Name and Address of New Registered Agent							
	b. Name	Name		•		SS OI NEW I	(egistered	Agent					
BAKER, JASON M						Baker, Jason M.							
223 BARACOA CT.					1	Street A	ddress (F	P.O. Box Number Lone Wo	er is No	Acceptable	e)		
ST. AUGU	STINE, FL	_ 32086			ŀ		2001	TOHE WO) T T .	liaii			
					L								
						City	 				FI	Zip Cod 3208	6
8. The above	named entity	v submits this	statement for the	e purpose of changing its re	l	St. Augustine St. Augustine of St. Augustine of Florida. I am familiar with, and accept							
	ions of regist		3660110111011101	s pulpose of changing 1.5 .c	agiotore.	u omeo c.	i logisio	su again, or co	U1, 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	e orate or	Jihora. Ta.,	Harmson man	and accob.
-													
SIGNATURE_	Signature, typed	or printed name or	registered agent and li	itle il applicable. (NOTE: F	Registered	Agent signat	ure required	when reinstating)			DATE		 -
						- .	-	<u> </u>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Fina Trust Fund Contribution.						cing 🔲	\$5.0 Adde	00 May Be ed to Fees					
10.		OFF	FICERS AND DIR	ECTORS			ADDITIONS/	CHAN	GES TO OFF	ICERS AN	D DIRECTOR	S IN 11	
TITLE	P			☐ Delete	TITLE		DPS						Addition
NAME	BAKER, JASON M				NAME			ER, JASON M.					
STREET ADDRESS	ST. AUGUSTINE, FL 32086					T ADDRESS		l LONE WOLF TRAIL					
CITY-ST-ZIP		ISTINE, FL		CITY-S	ST-ZIP		AUGUSTIN	NE,	FL 320	86			
TITLE	VP C	*****		☐ Delete	TITLE		DT	TAGAD 47	* =			X Change	Addition
NAME STREET ADDRESS	BAKER, SARAH E 223 BARACOA CT.				NAME		BAKE	R, SARAF LONE WO	i Ε.	TT A GT			
CITY-ST-ZIP	ST. AUGUSTINE, FL 32086				CITY-S	T ADDRESS					0.6		
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STREET ADDRESS					NAME	T ADDRESS	-						- ·
CITY-ST-ZIP					CITY-S								
	ertify that the	information (eupolied with this	©ing does not qualify for th			ad in Sea	Hon 119 07(3)/i	\ Elorio	in Statutae I	further ce	elify that the in	formation
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 emportered 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.													or director

ED NAME OF SIGNING OFFICER OR DIRECTOR