


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 05, 2004 8:00 am**  
**Secretary of State**

04-05-2004 90048 029 \*\*\*150.00

<b>DOCUMENT # P99000111637</b> 1. Entity Name <b>JEFFERSON COMPOSITES INCORPORATED</b>					
Principal Place of Business <b>4319 S RENELLIE DR TAMPA, FL 33611</b>			Mailing Address <b>4319 S RENELLIE DR TAMPA, FL 33611</b>		
2. Principal Place of Business <b>5305 San Sebastian Ct</b>		3. Mailing Address <b>5305 San Sebastian Ct</b>			
Suite, Apt. #, etc. <b>328</b>		Suite, Apt. #, etc. <b>328</b>			
City & State <b>Tampa Florida</b>		City & State <b>Tampa Florida</b>		4. FEI Number <b>59-3631834</b>	
Zip <b>33609</b>		Country <b>Hillsborough</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>BRAWNER, JEFFREY D 4319 S RENELLIE DR TAMPA, FL 33611</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>5305 San Sebastian Ct #328</b> City <b>Tampa</b> <b>FL</b> Zip Code <b>33609</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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 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>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P BRAWNER, JEFFREY D 4319 S RENELLIE DR TAMPA, FL 33611</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PRESIDENT BRAWNER, JEFFREY D. 5305 SAN SEBASTIAN CT #328 Tampa Florida 33609</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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.					
<b>SIGNATURE: <i>Jeffrey D. Brawner</i></b>			<b>JEFFREY D. BRAWNER</b>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <b>3/30/04</b> Daytime Phone # <b>813-289-5384</b>		