2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # S05986

1. Entity Name SEAN JENNINGS INC.



FILED Apr 23, 2004 08:00 AM Secretary of State

Principal Place of Business

16447 SW 32ND STREET MIRAMAR, FL 33027 US Mailing Address

16447 SW 32ND STREET MIRAMAR, FL 33027 US



DO NOT WRITE IN THIS SPACE

03262004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0227824

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

JENNINGS, SEAN 16447 SW 32ND STREET MIRAMAR, FL 33027

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. I am familiar with, and accept the obligations of registered agent.						
SIGNATURE Signature, typed or printed name of registered egent and title if applicable (NOTE Registered Agent alguature required when reinstating) DATE						
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Finan Trust Fund Contribution.			cing	\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIREC	TORS		***		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JENNINGS, SEAN 16447 SW 32ND STREET MIRAMAR, FL 33027				{∮ንነሽብያንስ 4 "ንግግ ጉታጉ	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS						

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 supplied his 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:

MIGNATURE AND TYPED ON PRINTED NAME OF BIOMMA OFFICER OR DIRECTOR

305-827-4000

Daytime Phon