


2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED

05 MAY 26 PM 3:21

SECRETARY OF STATE
ALLAHASSEE, FLORIDA

DOCUMENT # S10307					
1. Entity Name JETTY'S, INC.					
Principal Place of Business 1106 YARBOROUGH STREET JUPITER, FL 33477			Mailing Address 13700 BLUE FOX PL PALM BEACH GARDENS, FL 33418 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 65-0226087	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent BREDE, J. DANIEL 1900 CORPORATE BLVD. N.W. SUITE 201 BOCA RATON, FL 33431			7. Name and Address of New Registered Agent Name DEBORAH TAUBE Street Address (P.O. Box Number is Not Acceptable) 13700 BLUE FOX PLACE City PALM BEACH GARDENS FL Zip Code 33418		
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><i>Deborah Taube</i></u> DATE <u>5-20-05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Amended AR is \$61.25		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	DP TAUBE, JAMES 1106 YARBOROUGH STREET JUPITER, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR/PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition JAMES TAUBE 13700 BLUE FOX PLACE PALM BEACH GARDENS, FL. 33418		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S TAUBE, DEBORAH 13700 BLUE FOX PLACE PALM BEACH GARDENS, FL 33418 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR/SECRETARY <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition DEBORAH TAUBE 13700 BLUE FOX PLACE PALM BEACH GARDENS, FL. 33418		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WINTER, RON 908 BRIDGEWOOD PLACE BOCA RATON, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	200055984488 06/09/05--01071--013 **70.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASSISTANT SECRETARY <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition FAITH TAUBE 13700 BLUE FOX PLACE PALM BEACH GARDENS, FL. 33418		
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		
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><i>Deborah Taube</i></u> DATE <u>5-20-05</u> 561 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone # <u>624-6225</u>					