


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 06, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # S44472**  
 1. Entity Name  
**JFG ENTERPRISES, INC.**



Principal Place of Business      Mailing Address  
**508 NORTH PT. RD.**      **508 NORTH PT. RD.**  
**ST.AUGUSTINE, FL 32084 US**      **ST.AUGUSTINE, FL 32084 US**

**DO NOT WRITE IN THIS SPACE**



07012005    No Chg-P    CR2E034 (10/03)

4. FEI Number      Applied For  
**59-3062007**      Not Applicable

5. Certificate of Status Desired        **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**  
**GILLESPIRE, JOHN F JR**  
**508 NORTH PT. RD.**  
**ST.AUGUSTINE, FL 32084**

**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 \_\_\_\_\_      DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when relisting)

**FILE NOW!!! FEE IS \$150.00**  
**Due by September 7, 2005**

**9. Election Campaign Financing**      **\$5.00 May Be**  
 Trust Fund Contribution.            **Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GILLESPIE, JOHN F JR 508 NORTH PT. RD. ST.AUGUSTINE, FL 32084
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**DO NOT WRITE IN THIS SPACE**

**12.** I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 another fee empowered.

SIGNATURE: *J.F. Gillespie*      Date: *7/1/05*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Daytime Phone #