


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 05, 2005 8:00 am
Secretary of State

08-05-2005 90001 010 ***150.00

DOCUMENT # S57742
 1. Entity Name
J A T INVESTMENTS, INC.



Principal Place of Business 5003 N 40TH STREET SUITE 101 TAMPA, FL 33610-5237 US	Mailing Address 5003 N 40TH STREET SUITE 101 TAMPA, FL 33610-5237 US
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00060091



08012005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

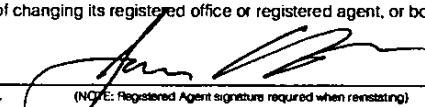
4. FEI Number 59-3071374	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**BROWNRIGG, JAMES
 5003 N. 40TH ST
 SUITE 101
 TAMPA, FL 33610-5237**

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 James Brownrigg  8-1-05
Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signatures required when reinstating) DATE

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

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be 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 BROWNRIGG, JAMES 5003 N. 40TH ST., STE 101 TAMPA, FL 336105237
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DURKIN, WILLIAM H. 106 W. WINDHORST RD #101 BRANDON, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BROWNRIGG, JOANNE 5003 N 40TH STREET, SUITE 101 TAMPA, FL 336105237
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: Joanne Brownrigg Secretary 8-1-05 813-626-7709
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #