
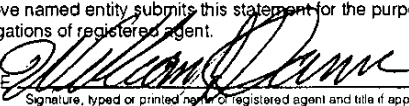
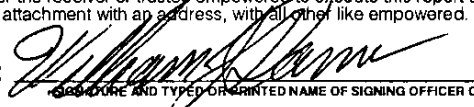


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 23, 2005 8:00 am
Secretary of State

03-23-2005 90044 010 ***150.00

DOCUMENT # S93396			
1. Entity Name JUST JETS SERVICES, INC.			
Principal Place of Business 1336 CLASSIC DR 1336 CLASSIC DRIVE LONGWOOD FL 32779 US		Mailing Address 1336 CLASSIC DR 1336 CLASSIC DRIVE LONGWOOD FL 32779 US	
2. Principal Place of Business 4061 BERMUDA GROVE PLACE		3. Mailing Address 4061 BERMUDA GROVE PLACE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State LONGWOOD, FL		City & State LONGWOOD, FL	
Zip 32779-3193	Country USA	Zip 32779-3193	Country USA
6. Name and Address of Current Registered Agent DAMM, WILLIAM J. 1336 CLASSIC DRIVE LONGWOOD FL 32779		7. Name and Address of New Registered Agent Name DAMM, WILLIAM J. Street Address (P.O. Box Number is Not Acceptable) 4061 BERMUDA GROVE PLACE City LONGWOOD, FL Zip Code 32779-3193	
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  WILLIAM J. DAMM DATE 3-15-05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State		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	D DAMM, WILLIAM J. 1336 CLASSIC DRIVE LONGWOOD FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4061 BERMUDA GROVE PLACE LONGWOOD, FL 32779-3193
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DAMM, DEBBIE L 1336 CLASSIC DR LONGWOOD FL 32779 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4061 BERMUDA GROVE PLACE LONGWOOD, FL 32779-3193
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
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: 		WILLIAM J. DAMM 3-15-05 407-359-3185 <small>Signature and Typed or Printed Name of Signing Officer or Director Date Daytime Phone #</small>	



1st MOORE CR2E034 (10/04)