## 2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

## Apr 29, 2004 8:00 am Secretary of State **DOCUMENT # V03550** 04-29-2004 90343 045 \*\*\*150.00 1. Entity Name JIFFY HITCH SYSTEMS, INC. Principal Place of Business Mailing Address 9100 W BEAVER ST 9100 W BEAVER ST JACKSONVILLE, FL 32220 JACKSONVILLE, FL 32220 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. 03292004 Chg-P CR2E034 (10/03) 4. FEI Number Applied For City & State City & State 59-3097416 Not Applicable Zip Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Fred - FGINSLUOTTA ROGERS, RON Street Address (P.O. Box Number is Not Acceptable) 9100 W BEAVER ST JACKSONVILLE, FL 32220 lacksonville 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 tred L. Farnsworth FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Addition TITLE Delete TITLE ROGERS, RONALD E. NAME NAME STREET ADDRESS 9100 W BEAVER ST STREET ADDRESS JACKSONVILLE, FL 32220 CITY-ST-ZIP CITY-ST-ZIP VPST Mesident A Change Delete TITLE Addition Farnsworth Fred FARNSWORTH, FRED NAME NAME 9100 W. Beaver St. STREET ADDRESS 9100 W BEAVER ST STREET ADDRESS Jacksonville FL 32220 CITY-ST-ZIP JACKSONVILLE, FL 32220 CITY-ST-ZIP Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS

FILED

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.

CITY-ST-ZIP

STREET ADDRESS

red L. Farnsworth 3-29-04 904-786-2821 SIGNATURE: ∠