

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 18, 2005 8:00 am
Secretary of State

03-18-2005 90064 008 ***150.00

DOCUMENT # P00000033579

1. Entity Name

JESSICANNA HOLDINGS, INC.



Principal Place of Business

950 IRONWOOD DR., #917
PONTE VEDRA BEACH FL 32082

Mailing Address

P.O. BOX 3242
PONTE VEDRA BCH FL 32082

20022593



1st MOORE

CR2E034 (10/04)

2. Principal Place of Business

900 Ironwood DR #917

Suite, Apt. #, etc.

#917

3. Mailing Address

Suite, Apt. #, etc.

City & State

Ponte Vedra Beach FL

Zip
32082

Country

U.S.A.

City & State

Zip

Country

4. FEI Number

59-3635546

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LATSHAW, JOHN H ESQ.
3010 SOUTH THIRD STREET
JACKSONVILLE BEACH FL 32250

7. Name and Address of New Registered Agent

Name John Constantino

Street Address (P.O. Box Number is Not Acceptable)

900 Ironwood DR #917

City

Ponte Vedra Beach

FL

Zip Code

32082

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

[Signature]

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3/15/05

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. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	CONSTANTINO, JOHN	
STREET ADDRESS	517 S. MILL VIEW WAY	
CITY-ST-ZIP	PONTE VEDRA BEACH FL 32082	
TITLE	D	<input type="checkbox"/> Delete
NAME	CONSTANTINO, PETE J	
STREET ADDRESS	517 S. MILL VIEW WAY	
CITY-ST-ZIP	PONTE VEDRA BEACH FL 32082	
TITLE	D	<input type="checkbox"/> Delete
NAME	CONSTANTINO, ANNA	
STREET ADDRESS	517 S. MILL VIEW WAY	
CITY-ST-ZIP	PONTE VEDRA BEACH FL 32082	
TITLE	D	<input type="checkbox"/> Delete
NAME	CONSTANTINO, P	
STREET ADDRESS	517 S. MILL VIEW WAY	
CITY-ST-ZIP	PONTE VEDRA BEACH FL 32082	
TITLE	D	<input type="checkbox"/> Delete
NAME	CONSTANTINO, JAMES	
STREET ADDRESS	517 S. MILL VIEW WAY	
CITY-ST-ZIP	PONTE VEDRA BEACH FL 32082	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Constantino John	
STREET ADDRESS	900 Ironwood DR #917	
CITY-ST-ZIP	Ponte Vedra Beach FL 32082	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Constantino Pete	
STREET ADDRESS	900 Ironwood DR #917	
CITY-ST-ZIP	Ponte Vedra Beach FL 32082	
TITLE	Secretary	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Constantino Anna	
STREET ADDRESS	900 Ironwood DR #917	
CITY-ST-ZIP	Ponte Vedra Beach FL 32082	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Constantino Peter	
STREET ADDRESS	900 Ironwood DR #917	
CITY-ST-ZIP	Ponte Vedra Beach FL 32082	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Constantino James	
STREET ADDRESS	900 Ironwood DR #917	
CITY-ST-ZIP	Ponte Vedra Beach FL 32082	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/15/05

Date

904-553-0123

Daytime Phone #