

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 459467

**FILED  
Mar 18, 2017  
Secretary of State  
CC6679312964**

**Entity Name:** JESSAMINE FARM, INC.

**Current Principal Place of Business:**

16625 JESAMINE RD  
DADE CITY, FL 33523

**Current Mailing Address:**

16625 JESAMINE RD  
DADE CITY, FL 33523 US

**FEI Number:** 59-1551874

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

BLOMMEL, CHRISTOPHER JPRES  
16625 JESSAMINE RD  
DADE CITY, FL 33523 US

*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.*

**SIGNATURE:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title D  
Name CHRISTIANSEN, JANICE  
Address 16515 JESSAMINE RD  
City-State-Zip: DADE CITY FL

Title V  
Name JOHNSTON, ANDREA  
Address 16515 JESSAMINE RD  
City-State-Zip: DADE CITY FL 33523

Title P  
Name BLOMMEL, CHRISTOPHER J  
Address 36621 MISSOURI AVE.  
City-State-Zip: DADE CITY FL 33523

Title S  
Name BLOMMEL, CLAY  
Address 14027 PARADISE LANE  
City-State-Zip: DADE CITY FL 33525

Title T  
Name BLOMMEL, MATTHEW J  
Address 16525 JESSAMINE RD  
City-State-Zip: DADE CITY FL 33523

Title D  
Name BLOMMEL, LINDA S  
Address 16625 JESSAMINE RD  
City-State-Zip: DADE CITY FL 33523

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** LINDA BLOMMEL

**DIRECTOR**

**03/18/2017**

Electronic Signature of Signing Officer/Director Detail

Date