

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 03, 2008 8:00 am
Secretary of State

04-03-2008 90027 014 ***150.00

DOCUMENT # 586689

1. Entity Name
JENNINGS RESORT, INC.



Principal Place of Business
**4325 JENNINGS FISH CAMP RD
LAKE WALES, FL 33898**

Mailing Address
**4325 JENNINGS FISH CAMP RD
LAKE WALES, FL 33898**

40058178



03132008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1851569

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**JENNINGS, THOMAS E.
TWO EAST LAKE HOWARD DRIVE
WINTER HAVEN, FL 33881-3133**

**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 _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PD
NAME JENNINGS, ROBBYE
STREET ADDRESS 4325 JENNINGS FISH CAMP RD
CITY-ST-ZIP LAKE WALES, FL 33898

TITLE **VP**
NAME JENNINGS, THOMAS E.
STREET ADDRESS 2 E. LAKE HOWARD DR.
CITY-ST-ZIP WINTER HAVEN, FL

TITLE VP
NAME JENNINGS, JR., GEORGE D.
STREET ADDRESS P.O. BOX 39
CITY-ST-ZIP LAKE HAMILTON, FL 33851

TITLE SD
NAME BEASLEY, MARGARET J.
STREET ADDRESS 1380 LUCERNE LOOP RD NE
CITY-ST-ZIP WINTER HAVEN, FL 33881

TITLE D
NAME BOWEN, ELIZABETH J.
STREET ADDRESS 9037 JANMAR RD
CITY-ST-ZIP DADE CITY, FL 33525

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Thomas E. Jennings

Date

863-294-3568
Daytime Phone #