


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 27, 2008 08:00 AM
Secretary of State

DOCUMENT # 605531	
1. Entity Name JESSUP'S OF MELBOURNE, INC.	
	
Principal Place of Business 912 E. NEW HAVEN AVENUE MELBOURNE, FL 32901-5435 US	Mailing Address 912 E. NEW HAVEN AVE MELBOURNE, FL 32901-5435 US



01172008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1873995	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent SMITH, GERALDINE H 912 E. NEW HAVEN AVENUE MELBOURNE, FL 32901	DO NOT WRITE IN THIS SPACE
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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, the 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 NAME STREET ADDRESS CITY - ST - ZIP	D HARSHAW, ROGER O. 912 E. NEW HAVEN AVENUE MELBOURNE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPS SMITH HARSHAW, GERALDINE 912 E. NEW HAVEN AVENUE MELBOURNE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VT HARSHAW, KAREN A. 912 E. NEW HAVEN AVE MELBOURNE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V SMITH, ROBERT W. 912 E. NEW HAVEN AVE MELBOURNE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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04/09/08-80112-012 150.00

**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:

Geraldine Smith GERALDINE Smith 3/24/08 321 724-2201
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #