2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT #610129



FILED Jan 07, 2008 8:00 am Secretary of State

JUPITER ENTERPRISES, INC.				01-07-2008 90043 028 ***150.00					
Principal Plac 912 DAWN S VENICE: FL	e of Business	Mailing Address 912 DAWN ST VENICE FL 34285		AL AN		11 11011 Barrel 11010 11010	eu eum 6100 0		RANGE OF COMME
2. Principal P	398								
Süite, Apt.	#, etc.	Venice, 71		01022008	Chg-P	CR2E	034 (12/06)		
City & Stat	e	City & State		[4. FEI Number 59-1886575			Applied For Not Applicable	
Zip	Country	^{Zip} 34284	Country United St	ates	5. Certificate	of Status Desired		\$8.75 Add Fee Require	
	6. Name and Address of Current	Registered Agent		<u> </u>	7. Name and	Address of New	Registered	i Agent	
DAMWEBER, FRANK 912 DAWN ST VENICE, FL 34285				Name DAMWEBER, FRANK Street Address (P.O. Box Number is Not Acceptable)					
				2364 BOTANICA CIRCLE					
			City)est	Melbo	urne	F	L Zip Cod	904
	named entity submits this statement for ions of registered agent.		registered office o			ith, in the State of I	Torida. I an		and accept
	E NOW!!! FEE IS \$150.00 By 1, 2008 Fee will be \$550.	9. Election Campai Trust Fund Contr			00 May Be ed to Fees				
10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS	CHANGES TO OF	FICERS AN	ID DIRECTOR	S IN 11
TITLE NAME	PT DAMWEBER, FRANK	☐ Delete	TITLE NAME					Change	☐ Addition
STREET ADORESS CITY-ST-ZIP	912 DAWN ST. VENICE, FL 342853409		STREET ADORESS CITY-ST-ZIP	1		STANICA BOURNE		E 32904	
TITLE NAME	DC DAMWEBER, FRANK	☐ Delete	TITLE NAME		· · · ·		_	☐ Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP				2364 BOTANICA CIRCLE WEST MELBOURNE, 71 32904					
TITLE NAME STREET ADDRESS	VSD DAMWEBER, PATRICIA 912 DAWN ST.	Delete	TITLE NAME STREET ADDRESS	23	6:4 BC	TANICA	CIRCL	El Change	☐ Addition
CITY-ST-ZIP	VENICE, FL 342853409		CITY-ST-ZIP	พ์ร		LBOURNE			
TITLE NAME		Delete	TITLE NAME				1	Change	Addition
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP	Bu	siness v	us operations	20. 3t		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	10 0Fi	PO BOX FICERS +	(1.348 HAVE NEW DDRESS) ~ ~3 ~	☐ Change	☐ Addition
indicated of the cor	certify that the information supplied wilt on this report or supplemental report is poration or the receiver or trustee emp or on an attachment with an address.	s true and accurate and that movered to execute this report	ny signature shall h as required by Cha	contained ave the s	in Chapter 119 ame legal effe	9. Florida Statutes ct as if made unde	I further ce	l am an officer s in Block 10 o	or director

SIGNATURE:	tatricia Mamuelar	PATRICIA DAMWEBER	JAN 2,2008	
	/ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DI	Date	Daytme Phone #	