


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 04, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # 691264**  
 1. Entity Name  
**JERE STAMBAUGH, III, INC.**



Principal Place of Business 107 MASSASOIT ST AUBURNDALE, FL 33823 US	Mailing Address 107 MASSASOIT ST AUBURNDALE, FL 33823 US
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**DO NOT WRITE IN THIS SPACE**



01292008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2108885	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

STAMBAUGH, JERE L., III  
 107 MASSASOIT ST  
 AUBURNDALE, FL

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**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

DATE  
 02/12/08-80051-021 150.00

**-10- OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP STAMBAUGH, JERE L, III 209 OSCEOLA STREET AUBURNDALE, FL 00000,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT STAMBAUGH, HANNAH W 1608 ARIANA BLV POB 275 AUBURNDALE, FL 00000,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S STAMBAUGH, ROSEMARY 209 OSCEOLA ST AUBURNDALE, FL 33823,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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:** *Jere Stambaugh III* **Pres** 863567 3292  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #