

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 18, 2007 8:00 am**  
**Secretary of State**

04-18-2007 90190 006 \*\*\*150.00

**DOCUMENT # F20352**

1. Entity Name  
**JADET, INC.**



Principal Place of Business

~~9513 NW 9 CT~~ **9509 NW 9 CT**  
PLANTATION, FL 33324 US

Mailing Address

~~9513 NW 9 CT~~ **9509 NW 9 CT**  
PLANTATION, FL 33324 US

**DO NOT WRITE IN THIS SPACE**



01232007 No Chg-P CR2E034 (11/05)

4. FEI Number

**59-2072778**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**CHAPDELAINE, JACK D**  
~~9513 NW 9 CT~~  
PLANTATION, FL 33324

**9509 NW 9 CT**

**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, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	<b>PTVS</b>
NAME	<b>CHAPDELAINE, JACK D.</b>
STREET ADDRESS	<del>9513 NW 9 CT</del> <b>9509 NW 9 CT</b>
CITY - ST - ZIP	PLANTATION, FL 33324
TITLE	<del>PTVS</del>
NAME	<del>CHAPDELAINE, CYNTHIA</del>
STREET ADDRESS	<del>9513 NW 9 CT</del> <b>9509 NW 9 CT</b>
CITY - ST - ZIP	PLANTATION, FL 33324
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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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:** *Jack Chapdelaine* **JACK CHAPDELAINE** **4-10-07** **9541-295**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #