## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 05, 2008 8:00 am Secretary of State

DOCUI 1. Entity Name JERLIN, I				01-30-200	08 90042 022 ***150.00	
1212 S FLOR	ipal Ptace of Business Mailing Address 2 S FLORIDA AVE 1212 S FLORIDA AVE ELAND, FL 33803 LAKELAND, FL 33803			66002440		
DO NOT WRITE IN THIS SPACE				01212008 No Chg-P  4. FEI Number 59-2453431  5. Certificate of Status Desired	CR2E034 (11/05)  Applied For Not Applicable  \$8.75 Additional Fee Required	
	6. Name and Address of Current Re C, LINDA ORIDA AVE D, FL 33803	Transact Vibera		DO NOT WI	I	
8. The above named intity 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 privated name of registered agent and this if applicable.  (NOTE: Registered Agent dignature required when refractating)  DATE						
FILE NOWIII FEE IS \$150.00  After May 1, 2008 Fee will be \$550.00  9. Election Campaign Financing \$5.00 May 8a Added to Fees						
10.  TITLE MAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP	P VINESETT, LINDA 1212 S FLORIDA AVE LAKELAND, FL 33803	RECTORS		DO NOT WE	RITE	•
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN THIS SPA	ACE	
TITLE RAME STREET ADDRESS CITY-ST-ZIP	mobile that the information walls			Change 110 Floring Co.		
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 suppliemental 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 807, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attactment with an address, with all other like empowered.						
SIGNAT	URE: DAMA	V MUSCU TED NAME OF SIGNAMO OFFICER OR DIRECT	OR .	d-d9-08	863-603-0591 Daysing Phone is	0

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