

2009 ~~2007~~ **FOR PROFIT CORPORATION**  
**ANNUAL REPORT (AR)** - 2009

DOCUMENT # H41215

1. Entity Name

JEAN-AUBREY IDEAS, INC.



Principal Place of Business

% BETTYE J. SESSIONS  
 4164 RIBAUT RIVER LANE  
 JACKSONVILLE FL 32208

Mailing Address

% BETTYE J. SESSIONS  
 4164 RIBAUT RIVER LANE  
 JACKSONVILLE FL 32208

FILED

09 APR 30 PM 12: 59



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **NO-T APPLICABLE**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

1st MOORE

CR2E034 (10/06)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SESSIONS, BETTYE J.  
 4164 RIBAUT RIVER LANE  
 JACKSONVILLE FL 32208

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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's signature required when re-stating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
 Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
 NAME PST  
 STREET ADDRESS SESSIONS, BETTYE J.  
 CITY - ST - ZIP 4164 RIBAUT RIVER LANE  
 JACKSONVILLE FL

TITLE ☐ Change ☐ Addition  
 NAME **800155442268**  
 STREET ADDRESS **05/05/09--01021--008 \*\*150.00**  
 CITY - ST - ZIP

TITLE ☐ Delete  
 NAME V  
 STREET ADDRESS SESSIONS, MALCOLM G. A.  
 CITY - ST - ZIP 4164 RIBAUT RIVER LANE  
 JACKSONVILLE FL

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY - ST - ZIP

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

*Bettye J. Sessions*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

- Bettye J. Sessions

4/14/09

904-765-9788

Date

Daytime Phone #