## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## Apr 14, 2008 8:00 am Secretary of State **DOCUMENT # H85829** 04-14-2008 90041 035 \*\*\*158.75 JIMSUE ENTERPRISES, INC. Maiting Address Principal Place of Business 357 6 AVE W 6661 E MENLO STREET BRADENTON, FL 34205 US MESA, AZ 85215 40067640 3. Mailing Address 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. Suite Apt. #. etc. 02052008 Chg-P CR2E034 (12/06) Applied For City & State 4. FEI Number City & State 59-2596750 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name HORNYAK, VERA Street Address (P.O. Box Number is Not Acceptable) 357 6 AVE W BRADENTON, FL 34205 City Zin 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 signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2008 Fee will be \$550.00 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. TITLE Delete TITLE Change ☐ Addition BARNES, JAMES H. NAME NAME 100 OCEAN TRAILWAY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP JUPITER, FL CITY-ST-ZIP ST TITLE ☐ Delete TITLE ☐ Change Addition BARNES, SUSAN M. NAME 100 OCEAN TRAILWAY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP -JUPITER, FL CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME BARNES, JIM NAME 6562 E PRESIDIO RD STREET ADDRESS STREET ADDRESS MESA, AZ 85215 CITY-ST-ZIP CITY - ST - ZIP TITLE ☐ Delete TITLE Change ☐ Addition BARNES, JAMES H NAME 6661 E MENLO STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MESA, AZ 85215 CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P ☐ Delete ☐ Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

**FILED** 

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. James H. Barnes 4-10-08 480-36/25/2 SIGNATURE

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