2008 FOR PROFIT CORPORATION **ANNUAL REPORT**

DOCUMENT # J04247

1. Entity Name FERMAN JEEP, INC.



FILED Feb 07, 2008 08:00 All Secretary of State

Principal Place of Business

1307 W. KENNEDY BLVD. TAMPA, FL 33606-1848

Mailing Address

1306 W. KENNEDY BLVD. TAMPA, FL 33606-1849



DO NOT WRITE IN THIS SPACE

02042008 No Chg-P CR2E034 (11/05)

Applied For 4. FEI Number 59-2656075 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required

6. Name and Address of Current Registered Agent

STRASKE, STEPHEN B II 1306 W. KENNEDY BLVD. TAMPA, FL 33606-1849

DO NOT WRITE IN THIS SPACE

8	i. 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.	
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(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

OFFICERS AND DIRECTORS 10. TIT! F NAME FERMAN, JAMES L JR STREET ADDRESS 1306 W KENNEDY BLVD TAMPA, FL 33606 CITY-ST-ZIP TITLE STRASKE, STEPHEN B II NAME STREET ADDRESS 1306 W. KENNEDY BLVD. CITY-ST-ZIP TAMPA, FL 33606 VPD FARRIOR, PRESTON L NAME 1306 W KENNEDY BLVD STREET ADDRESS CITY-ST-7IP

Signature, typed or printed name of registered agent and title if applicable

U00000818663 AND TO SEE

DATE

TAMPA, FL 33606 TITLE TEW, DOUGLAS M NAME STREET ADDRESS 1306 W. KENNEDY BLVD. CITY-ST-ZIP TAMPA, FL 33606

DO NOT WRITE IN THIS SPACE

NAME STREET ADDRESS CITY-ST-ZIP

TITLE

STREET ADDRESS CITY-ST-ZIP

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.

ED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

2/6/08 (813) a51-2765
Dete Description Prome #