


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 28, 2006 08:00 AM
Secretary of State

DOCUMENT # J92742 1. Entity Name JESSERIC ENTERPRISES, INC.	
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Principal Place of Business 14823 N FLORIDA AVE TAMPA, FL 33613	Mailing Address 14823 N FLORIDA AVE TAMPA, FL 33613
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DO NOT WRITE IN THIS SPACE



04252006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2851194	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent FOX, JEFFREY N 14823 N FLORIDA AVE TAMPA, FL 33613

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE	PD
NAME	FOX, JEFFREY N
STREET ADDRESS	3614 CRENSHAW LAKE RD
CITY-ST-ZIP	LUTZ, FL 33549
TITLE	ST
NAME	FOX, SARA A
STREET ADDRESS	3614 CRENSHAW LAKE RD
CITY-ST-ZIP	LUTZ, FL 33549
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

<p>000000542187 05/10/06-80087-017 150.00</p> DO NOT WRITE 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 my address, with all other like empowered.

SIGNATURE: _____ **4/26/06** **813-908-2807**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #