

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 15, 2008 8:00 am**  
**Secretary of State**

01-15-2008 90033 001 \*\*\*150.00

**DOCUMENT # K23141**

1. Entity Name  
**JINNY-LIN, INC.**



Principal Place of Business  
**3100 FAIRLANE FARMS RD  
WELLINGTON, FL 33414**

Mailing Address  
**3100 FAIRLANE FARMS RD  
WELLINGTON, FL 33414**

**DO NOT WRITE IN THIS SPACE**



01072008 No Chg-P CR2E034 (11/05)

4. FEI Number  
**59-2879249**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**LAKEMAN, STEPHEN  
15162 25TH PLACE NORTH  
LOXAHATCHEE, FL 33414**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

**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

**10. OFFICERS AND DIRECTORS**

TITLE	PD
NAME	LAKEMAN, STEPHEN M.
STREET ADDRESS	15162 - 25TH PLACE, N.
CITY-ST-ZIP	LOXAHATCHEE, FL 33470
TITLE	SD
NAME	RAVEL, RON
STREET ADDRESS	5396 EAGLE LAKE DRIVE
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33418
TITLE	VD
NAME	LAKEMAN, WILLIAM J.
STREET ADDRESS	<del>4390 E. 141ST AVENUE</del> 1777 SE 24TH BLVD.
CITY-ST-ZIP	OKEECHOBEE, FL 34974
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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 an address, with all other like empowered.

**SIGNATURE:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/9/08

Date

561-793-0322

Daytime Phone #