2005 FOR PROFIT CORPORATION ANNUAL REPORT

7/7/2005-90002-018-$150.00-$150.00

DOCUMENT # L11317

1. Entity Name
JESNIK, INC.

05 AUG -8 PM 1:00

Principal Place of Business	Mailing Address
4255 ORCHID DR. HERNANDO BCH, FL 34609	4255 ORCHID DR. HERNANDO BCH, FL 34609

02092005 No Chg-P CR2E034 (10/03) 05

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2965474

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

VASTANO, LOUIS
4255 ORCHID DR.
HERNANDO BCH, FL 34609

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

FILE NOW!!! FEE IS $150.00
After May 1, 2005 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	VASTANO, LOUIS
STREET ADDRESS	4255 ORCHID DR.
CITY-ST-ZIP	HERNANDO BCH, FL 34609
TITLE	VP
NAME	VASTANO, BARBARA
STREET ADDRESS	4255 ORCHID DR.
CITY-ST-ZIP	HERNANDO BCH, FL 34609
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

400058535404
08/12/05--01055--008 **400.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Barbara Vastano BARBARA VASTANO, VP 2/9/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

B. Mitchell AUG 11 2005