2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 23, 2007 8:00 am Secretary of State

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DOCUMENT # L19887 1. Entity Name JAMESON ENTERPRISES, INC.						• 0		90049 016 ***	150.00
Principal Place of Business Mailing Address						4 0	ANDORT		
% MARK D JAMESON P. O. BOX 1452 4508 CROTON ELFERS, FL 34680 US NEW PORT RICHEY, FL 34652								01 618((016)) 818)) B18() 818)	E MINSINGE IF INDA
Principal Place of Business - No P.O. Box # Mailing Address									i a le) (12) (13) (14)
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4/53 U. Suite, Apt.	S. Hoy. #19	P.O. Pox 1439 Suite, Apt. #, etc.							
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City & Stat	0	City & State				4. FEI Numbe	5t		Applied For
	t Richev . FL	Elfers, FL.			59-297			Not Applicable	
Zip Country		Zip Coun		try				\$8.75	Additional
34652	Pasco	34680	Pago	<u> </u>		5. Certificate	of Status Desired	Fee Req	
	6. Name and Address of Current	Registered Agent				7. Name and	Address of New F	Registered Agent	
				Name					
JAMESON, MARK D.				0					
4508 CROTON DRIVE				Street Address (P.O. Box Number is Not Acceptable)					
NEW PORT RICHEY, FL 34652				4753 U.S. Highway # 19					
						· · · · · · · · · · · · · · · · · · ·			
				City				FL Zip C	
8. The above	named eatily submits this statement to	r the purpose of changing its	renistera	New Po	renister	chey ed agent or bot	h in the State of El	_ 7 1 1/2/6	52 ith and accept
the obligat	ions of egistered agent.	, mo parposo or origing no	ogistore	od onloc or	registert	od agom, or bor	in, in the state of the	orda. Familiarililar w	nin, and accept
	(/XXI)						4	1/2/09	
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable (NOTE	Benisterer	Agent signatur	re rea ureal	when reinstating)		SATE	
				- Igo I Dig Idaa		T T			
FiL After M	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.0	9. Election Campaig Trust Fund Contr		cing		00 May Be of to Fees			
10.	OFFICERS AND	DIRECTORS	11.			ADDITIONS/	CHANGES TO OFF	FICERS AND DIRECT	ORS IN 11
TITLE	VP	☐ Delete						∑ Chan	
NAME	JAMESON, BRYAN K.		NAME	.				34	, <u> </u>
STREET ADDRESS			STREE	ET ADDRESS 4753 U.S. Highway # 19					
CITY+ST-ZIP	NEW PORT RICHEY, FL 34652			ST-ZIP	1/3	J 0.0. 1119	A THE TANKS IN THE		
TITLE	S	☐ Delete	TITLE					X Chan	ge 🔲 Addition
NAME	JAMESON, GERALDINE C.		NAME						_
STREET ADDRESS	4640 GAZEBO CT		STREE	ET ADDRESS	475	3 U.S. Hi	ghway#19		
CITY-ST-ZIP	NEW PORT RICHEY, FL 34655		CITY-	ST-ZIP					
TITLE	P	☐ Delete	TITLE					☆ Chan	ge 🔲 Addition
NAME	JAMESON, MARK D.		NAME					71	=
STREET ADDRESS	4508 CROTON DRIVE		STREE	T ADDRESS	475	3 U.S. Hic	hway # 19		
CITY-ST-ZIP	NEW PORT RICHEY, FL		CITY-	ST-ZIP		5 0.5. (119	יון אַבּבּען		
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NAME			NAME						
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STREET ADDRESS	•		STREE	I ADDRESS					
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TITLE		☐ Delete	TITLE	ľ				☐ Chan	ge 🔲 Addition
NAME			NAME	1					
STREET ADDRESS			STREE	T ADDRESS					
CHTY-ST-ZIP			ÇITY-	ST-ZIP					

rnereby ceruly that the information supplied with this tiling does not quality for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or suppliemental 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 repetive of frustee 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.

CNATURE:

WARK D. TAMESON 4-3-07 777 -8446-8787

SIGNATURE: 1