


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2007 08:00 AM
Secretary of State

DOCUMENT # L31319 1. Entity Name JEAN PAUL CORPORATION	
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Principal Place of Business 3558 S. HOPKINS AVE TITUSVILLE, FL 32780	Mailing Address 3558 S. HOPKINS AVE TITUSVILLE, FL 32780
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DO NOT WRITE IN THIS SPACE



01292007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2981845	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**LONG, ALMA JEAN
3558 S. HOPKINS AVE
TITUSVILLE, FL 32780**

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

CK. # 20036 = \$158.75
FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LONG, ALMA JEAN 1805 DUNBAR ST TITUSVILLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LONG, LONAS PAUL 1805 DUNBAR ST TITUSVILLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LONG, KAREN J 1805 DUNBAR STREET TITUSVILLE, FL 32780
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 03/29/07-80084-017 158.75

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: *Lonas Paul Long* **Lonas Paul Long 3/17/2007 (321)268-8044**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #