


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 20, 2007 8:00 am**  
**Secretary of State**

03-20-2007 90010 026 \*\*\*150.00

<b>DOCUMENT # M83276</b>		
1. Entity Name <b>JIFFY JUMP OF SOUTHEAST, INC.</b>		

Principal Place of Business <b>3119 SPRING GLEN RD 119 JACKSONVILLE, FL 32207</b>	Mailing Address <b>3119 SPRING GLEN RD 119 JACKSONVILLE, FL 32207</b>
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

**40038803**

03082007 Chg-P CR2E034 (12/06)

4. FEI Number  
**59-2895563**

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

Applied For  
Not Applicable

6. Name and Address of Current Registered Agent <b>BLATTNER, IRMA W 3119 SPRING GLEN RD SUITE 119 JACKSONVILLE, FL 32207</b>		7. Name and Address of New Registered Agent Name <b>BLATTNER, SHELDON M.</b> Street Address (P.O. Box Number is Not Acceptable) <b>3119 SPRING GLEN ROAD, SUITE 119</b> City <b>JACKSONVILLE</b> FL <b>32207</b>	
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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 *Sheldon M. Blattner* - **SHELDON M. BLATTNER** 3/19/07

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

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PSD BLATTNER, IRMA W. 3119 SPRING GLEN RD, SUITE 119 JACKSONVILLE, FL 32207</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD BLATTNER, SHELDON M. 3119 SPRING GLEN RD, SUITE 119 JACKSONVILLE, FL 32207</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D BLATTNER, SHELDON M 3119 SPRING GLEN RD, SUITE 119 JACKSONVILLE, FL 32207</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD BLATTNER, IRMA W. 3119 SPRING GLEN RD, SUITE 119 JACKSONVILLE, FL <del>32207</del> 32207</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Sheldon M. Blattner* **SHELDON M. BLATTNER** 3/19/07 904-398-0045

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