

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000005205

FILED
Jan 31, 2008
Secretary of State

Entity Name: JASMYN PROPERTIES, INC.

Current Principal Place of Business:

923 PENINSULAR PLACE
JACKSONVILLE, FL 32204

New Principal Place of Business:

Current Mailing Address:

PO BOX 380103
JACKSONVILLE, FL 32205

New Mailing Address:

FEI Number: 35-2300207

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

WATSON, CYNTHIA
923 PENINSULAR PLACE
JACKSONVILLE, FL 32204 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: CASTRO, EDITH
Address: 923 PENINSULAR PLACE
City-St-Zip: JACKSONVILLE, FL 32204

Title: D () Delete
Name: HAWLEY, BETH ANN
Address: 923 PENINSULAR PLACE
City-St-Zip: JACKSONVILLE, FL 32204

Title: D () Delete
Name: PERKINS, TINA
Address: 923 PENINSULAR PLACE
City-St-Zip: JACKSONVILLE, FL 32204

Title: D () Delete
Name: SWANHART, MICHAEL
Address: 923 PENINSULAR PLACE
City-St-Zip: JACKSONVILLE, FL 32204

Title: D () Delete
Name: WATSON, CYNTHIA
Address: 923 PENINSULAR PLACE
City-St-Zip: JACKSONVILLE, FL 32204

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: CASTRO, EDITH
Address: 10336 ARROWHEAD DRIVE
City-St-Zip: JACKSONVILLE, FL 32257

Title: D (X) Change () Addition
Name: HAWLEY, BETH
Address: 93886 LAUREL GROVE SOUTH
City-St-Zip: JACKSONVILLE, FL 32223

Title: D (X) Change () Addition
Name: SARAGA, FRIEDA
Address: 3820 LA VISTA CIRCLE, #116
City-St-Zip: JACKSONVILLE, FL 32217

Title: D (X) Change () Addition
Name: SWANHART, MICHAEL
Address: 5320 LEXINGTON AVENUE
City-St-Zip: JACKSONVILLE, FL 32210

Title: D (X) Change () Addition
Name: WATSON, CYNTHIA
Address: 7631 PEARL STREET
City-St-Zip: JACKSONVILLE, FL 32208

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CYNTHIA WATSON

D

01/31/2008

Electronic Signature of Signing Officer or Director

Date