FILED
Feb 26, 2007 08:00
Secretary of Stat

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P00000094556

1. Entity Name
JAT INVESTMENT GROUP, INC.

Principal Place of Business: 3389 CYPRESS GARDENS RD, WINTER HAVEN FL 33884

Mailing Address: P.O. BOX 391, WINTER HAVEN FL 33882-0391

1st MOORE CR2E034 (10/06)

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

4. FEI Number 59-3675646 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

COOMER, ALISTAIR
3389 CYPRESS GARDENS RD
WINTER HAVEN FL 33884

7. Name and Address of New Registered Agent

Name

Street Address (P O Box Number is Not Acceptable)

City FL Zip Code

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

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee Will Be $550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE	PD	☐ Delete
NAME	SHARMA, TONY	
STREET ADDRESS	6039 CYPRESS GARDENS BLVD., #312	
CITY ST ZIP	WINTER HAVEN FL 33884	
TITLE	VSTD	☐ Delete
NAME	COOMER, ALISTAIR	
STREET ADDRESS	6039 CYPRESS GARDENS BLVD., #312	
CITY ST ZIP	WINTER HAVEN FL 33884	
TITLE		☐ Delete
NAME		
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CITY ST ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY ST ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

U00000647116
03/06/07-80059-014 158.75

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: ALISTAIR COOMER 6th FEB 2007
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | Date | Daytime Phone #