

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 21, 2008 8:00 am
Secretary of State

07-21-2008 90031 042 ***550.00

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	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address 3389 CYPRESS GARDENS RD WINTER HAVEN FLORIDA	
City & State Zip		City & State Zip	
Country USA		Country USA	
4. FEI Number 59-3675646		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$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	
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: <u><i>Alistair K. Coomer</i></u> ALISTAIR K. COOMER (VSTD) 11th July 2008 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	
FILE NOW!!! FEE IS \$550.00 Due by September 12, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SHARMA, TONY 6039 CYPRESS GARDENS BLVD., #312 WINTER HAVEN, FL 33884 <i>change to</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SHARMA, TONY 3389 CYPRESS GARDENS RD WINTER HAVEN, FL 33884 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSTD COOMER, ALISTAIR 6039 CYPRESS GARDENS BLVD., #312 WINTER HAVEN, FL 33884 <i>change to</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSTD COOMER, ALISTAIR 3389 CYPRESS GARDENS RD WINTER HAVEN, FL 33884 <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
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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: <u><i>Alistair K. Coomer</i></u> ALISTAIR K. COOMER (VSTD) 11th July 2008 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date Daytime Phone	

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