


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 03, 2008 8:00 am
Secretary of State

03-03-2008 90208 006 ***150.00

DOCUMENT # P00000103079	
1. Entity Name JIFFY ENTERPRISES, INC.	

Principal Place of Business 418 13TH STREET ST. CLOUD, FL 34769	Mailing Address 418 13TH STREET ST. CLOUD, FL 34769
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40057571



01072008 No Chg-P CR2E034(11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 58-2580637	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent PATEL, MUKESHKUMAR R 418 13TH STREET ST. CLOUD, FL 34769

**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: _____ (NOTE: Registered Agent signature required when reappointing) DATE: _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 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	PS PATEL, MUKESHKUMAR R 418 13TH STREET ST CLOUD, FL 34769
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT PATEL, KITAN 418 13TH STREET ST CLOUD, FL 34769
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IN THIS SPACE**

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: MUKESH PATEL President 01/18/08 407 892 7077

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone