



# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 05, 2006 8:00 am**  
**Secretary of State**

07-05-2006 90002 024 \*\*\*150.00

<b>DOCUMENT # P01000045684</b> 1. Entity Name LINDA JOY JESSE, INC.					
Principal Place of Business 2319 SILVER PALM DRIVE KISSIMMEE, FL 34747			Mailing Address 2319 SILVER PALM DRIVE KISSIMMEE, FL 34747		
2. Principal Place of Business 10069 MOSS ROSE WAY Suite, Apt. #, etc.		3. Mailing Address P.O. Box 470713 Suite, Apt. #, etc.			
City & State ORLANDO FL		City & State CELEBRATION FL		4. FEI Number 59-3716449	
Zip 32832		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent RIZZI, LINDA J 2319 SILVER PALM DRIVE KISSIMMEE, FL 34747				7. Name and Address of New Registered Agent Name LINDA J. JESSE Street Address (P.O. Box Number is Not Acceptable) 10069 MOSS ROSE WAY City ORLANDO FL Zip Code 32832	
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>X Linda J. Jesse</u> (NOTE: Registered Agent signature required when reinstating) DATE <u>6/28/06</u>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>Due by September 6, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPV RIZZI, LINDA J 2319 SILVER PALM DRIVE KISSIMMEE, FL 34747	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPV JESSE LINDA J. 10069 MOSS ROSE WAY ORLANDO, FL 32832	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPV 	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPV 	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPV 	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPV 	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPV 	<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>X Linda J. Jesse</u> DATE <u>6/28/06</u>					