2008 FOR PROFIT CORPORATION ANNUAL REPORT

May 02, 2008 08:00 AN Secretary of State DOCUMENT # P01000059003 JAYCO ENTERPRISES, INC. Principal Place of Business Mailing Address PO BOX 49 PO BOX 49 BARTOW, FL 33831 BARTOW, FL 33831 CR2E034 (11/05) 04252008 No Cha-P DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-3730203 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent NOLAN, JOSEPH J DO NOT WRITE 1674 WILLIAMSBURG SQUARE LAKELAND, FL 33803 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 Signature, typed or printed name of registered agent and title if approache. (NOTE: Registered Agent trignature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE 18 \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 10. OFFICERS AND DIRECTORS ΠP TITLE HUTTO, JASON L NAME STREET ADDRESS **PO BOX 49** CITY-ST-ZIP BARTOW, FL 33831 DVP U00000946820 05/30/08-80065-005 150.00 TITI F HUTTO, LINDA E NAME STREET ADDRESS **PO BOX 49** CITY-ST-ZIP BARTOW, FL 33831 DST TITLE HUTTO, JOHN L NAME STREET ADDRESS **PO BOX 49** DO NOT WRITE CITY-ST-ZIP BARTOW, FL 33831 IN THIS SPACE TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

12. I hereby certify that the information supplied with this filling 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:

STREET ADDRESS CITY-ST-ZIP

MONATURE AND THEFE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/08

(63/533-0533

FILED