## 2008 FOR PROFIT CORPORATION **ANNUAL REPORT**

## Mar 03, 2008 8:00 am Secretary of State DOCUMENT # P02000085939 03-03-2008 90211 017 \*\*\*150.00 JERRY'S FAMILY, INC. Principal Place of Business Mailing Address 40001040 **18 SOUTHWEST SEMINOLE STREET** 18 SOUTHWEST SEMINOLE STREET STUART, FL 34994 STUART, FL 34994 2. Principal Place of Business - No P.O. Box # 3. Mailing Address rseminales Suite, Apt. #, etc. 02202008 Chg-P CR2E034 (12/06) City & State 4. FEI Number Applied For 42-1545600 Not Applicable Zin Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CONTI, JERRRY 18 SW SEMINOLE ST Street Address (P.O. Box Number is Not Acceptable) STUART, FL 34994 City 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. Signature, type (NOTE: Registered Agent signature required when reinstating) of registered agent and title if applicable. 9. Election Campaign Financing FILE NOWILL FEE IS \$150.00 \$5.00 May Be After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE DPST ☐ Delete TITLE Change Addition NAME CONTI, JERRY NAME STREET ADDRESS 18 SOUTHWEST SEMINOLE STREET STREET ADORESS CITY-ST-ZIP STUART, FL 34994 CITY-ST-7IP TITLE ☐ Delete TITLE □ Change ☐ Addition NAME CONTI, CARMEN NAME STREET ADDRESS 18 SOUTHWEST SEMINOLE STREET STREET ADDRESS CITY-ST-ZIP STUART, FL 34994 CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete HILE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

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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.

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