## 2008 FOR PROFIT CORPORATION **ANNUAL REPORT DOCUMENT # P03000030845** JURISPRUDENT LENDING, P.A. Principal Place of Business Mailing Address 600 S ORLANDO AVE. 600 S ORLANDO AVE. SUITE 301 **SUITE 301** MAITLAND, FL 32751 MAITLAND, FL 32751 DO NOT WRITE IN THIS SPACE 6. Name and Address of Current Registered Agent WEST, PAUL S 600 S ORLANDO AVE. STE. 301 MAITLAND, FL 32751

**FILED** Jan 07, 2008 08:00 AM **Secretary of State** 

|                                       |  |                               | 01032008 No Chg-P CR2E034 (11/05)          |                               |                        |                              |
|---------------------------------------|--|-------------------------------|--|-------------------------------|------------------------|------------------------------|
| . <b>D</b>                            | O NOT WRITE IN THIS SPA  | CE                            | 01032008 No<br>4. FEI Number<br>75-3106250 |                               | A                      | pplied For<br>lot Applicable |
|                                       |  | <del> </del> -                | 5. Certificate of State                    | us Desired                    | S8.75 Ac Fee Requir    |                              |
|                                       | 6. Name and Address of Current Registered Agent  |                               | · · · =•                                   | · -                           | •                      | •                            |
| STE. 301                              | UL S<br>LANDO AVE.<br>D, FL 32751  | DO NOT WRITE<br>IN THIS SPACE |  |                               |                        |                              |
| the obligat                           | named entity submits this statement for the purpose of changing its register ions of registered agent. | d office or register          | ed agent, or both, in th                   | ne State of Floric            | da. 1 am familiar with | n, and accept                |
| SIGNATURE                             |  | d Agent signature required    | ı when reinstating)                        |                               | DATE                   |                              |
| After Ma                              | E NOWIII FEE IS \$150.00.  ay 1, 2008 Fee will be \$550.00 Trust Fund Contribution.                    |                               | .00 May Be led to Fees ;                   |                               | tina;                  |                              |
|                                       | OFFICERS AND DIRECTORS   |                               | ,  |                               |                        |                              |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P,D<br>WEST, PAUL S<br>2982 HARBOUR LANDING WAY<br>CASSELBERRY, FL 32707                               |                               | . 017                                      | 0000007<br>/08/08 <u>-</u> 80 | 74890<br>0005-014 15   | 0.00                         |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP,D<br>WEST, ANNE M<br>2982 HARBOUR LANDING WAY<br>CASSELBERRY, FL 32707                              |                               |  | •                             |                        | •                            |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP |  |                               | DO NO                                      | OT W                          | RITE                   |                              |
| THLE NAME STREET ADDRESS CITY-ST-ZIP  |  |                               | IN TH                                      | IS SPA                        | ACE                    | •                            |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP |  |                               |  |                               |                        |                              |
| TITLE                                 |  | 1 .                           |  | •                             |                        | ,                            |

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 of 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 at other like empowered.

CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP THLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

INTED NAME OF SIGNING OFFICER OR DIRECTOR