2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2005 8:00 am
Secretary of State
05-04-2005 90159 040 ***150.00

DOCUMENT # P03000067959

1. Entity Name
JASBON, INCORPORATED

Principal Place of Business	Mailing Address
5413 WELLCRAFT DR GREENACRES, FL 33463	5413 WELLCRAFT DR GREENACRES, FL 33463

04302005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
11146 Maritime CT	11146 Maritime CT
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Wellington, FL	City & State: Wellington FL
Zip: 33467 Country: USA	Zip: 33467 Country: USA

4. FEI Number: 33-1063471 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

KAMEL, MIKE
1240 S. FED. HWY.
321
BOYNTON BEACH, FL 33435

7. Name and Address of New Registered Agent

Name: Edward Chandler
Street Address (P.O. Box Number is Not Acceptable): 708 E. Atlantic Blvd
City: Pompano Beach **FL** Zip Code: 33060

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: Edward Chandler DATE: 4/29/05
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P JASBON, OSCAR 900 NW 22ND AVENUE DELRAY BEACH, FL 33445	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President Joseph Chandler 11146 Maritime CT Wellington, FL 33467	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: [signature] 4/29/05 561-544-3586
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #