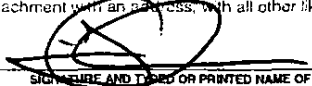


2005 FOR PROFIT CORPORATION ANNUAL REPORT

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 5413 WELLCRAFT DR GREENACRES, FL 33463			Mailing Address 5413 WELLCRAFT DR GREENACRES, FL 33463		
2. Principal Place of Business 11146 Maritime CT Suite, Apt. #, etc.		3. Mailing Address 11146 Maritime CT Suite, Apt. #, etc.			
City & State Wellington, FL		City & State Wellington, FL		4. FEI Number 33-1063471	
Zip 33467		Country USA		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 ☐ \$5.00 May Be Added to Fees Trust Fund Contribution.			
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		TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Joseph Chandler 11146 Maritime CT Wellington, FL 33467	
☐ Delete			☐ 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: 			4/29/05 561-544-3586 Date Daytime Phone #		