

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Mar 29, 2005 8:00 am
Secretary of State

03-29-2005 90024 036 ***150.00

DOCUMENT # P03000101472

1. Entity Name

JASMINE BYRNES, INC.



Principal Place of Business

121 N. FORT HARRISON AVE.
CLEARWATER FL 33755

Mailing Address

121 N. FORT HARRISON AVE.
CLEARWATER FL 33755

50031815



1st MOORE

CR2E034 (10/04)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

20-0231440

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BYRNES, JASMINE
1638 WINDSOR PLACE
CLEARWATER FL 33755

Name

Jasmine Byrnes
Street Address (R. O. Box Number is Not Acceptable)

2224 Clarine Wy N

Dunedin

City

FL

Zip Code

34618

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 (if not applicable).

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

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 P ☐ Delete
NAME BYRNES, JASMINE
STREET ADDRESS 121 N. FORT HARRISON
CITY-ST-ZIP CLEARWATER FL 33755

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #