## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## Mar 17, 2008 08:00 A Secretary of State DOCUMENT # P03000101636 1. Entity Name JTA CONSULTING, INC. Principal Place of Business Mailing Address 11900 SE FEDERAL HWY 11900 SE FEDERAL HWY SUITE 212 SUITE 212 HOBE SOUND, FL 33455 HOBE SOUND, FL 33455 03102008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-1204359 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent RIDORE, HAYDON P DO NOT WRITE 11900 SE FEDERAL HWY **SUITE 212** IN THIS SPACE HOBE SOUND, FL 33455 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 and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2008 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS MI F NAME ACKNER, JASON STREET ADDRESS 15647 85TH WAY NORTH CITY-ST-ZIP PALM BEACH GARDENS, FL 33418 IMF NAME U00000860948 STREET ADORESS 04/02/08-80083-019 150.00 CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE MALE STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP

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.

**SIGNATURE:** 

TITLE NAME STREET ADDRESS

SIGNATURE AND TYPED OF PROPED NAME OF SIGNAM OFFICER OR DESCRICE

3/12/08

7725413459

**FILED** 

Daytime Phone #