2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000122284 1. Entity Name JESSE WARD INC				FILED 08 APR -8 PM 2: 20			
Principal Place of Business 3250 BLOUNT CREEK RD TALLAHASSEE, FL 32310 Address 3250 BLOUNT CREEK RD TALLAHASSEE, FL 32310				SECRETARY OF STATE TALLAHASSEE, FLORIDA			
2. Principal Place of Business - No P.O. Box # 3. Mailing Address			04082008		GD25004 (40)		
City & State Tallahassee, A	hassee A Tallahassee, r			Chg-P er 94118	CR2E034 (12/	Applied For Not Applicable	
Zip Country 39310 LSFA 6. Name and Address of Curren	Zip 3 23/0	Country		of Status Desired	Fee Red	Additional quired	
6. Name and Address of Current Registered Agent Name BENFIELD, RON 58 SIOUX CIR HAVANA, FL 32333 City FL Zip Code 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 acce							
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 Re							
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550			\$5.00 May Be Added to Fees				
10. OFFICERS AN IIILE DP NAME WARD, JESSE STREET ADDRESS 3250 BLOUNT CREEK RD CITY-ST-ZIP TALLAHASSEE, FL 32310	D DIRECTORS Delete	11. TITLE NAME STREET ADDRESS CITY-ST-ZIP	additions 34185 L 1011ahas		FICERS AND DIRECTOR		
ITILE V NAME SNYDER, CLINT STREET ADDRESS 10166 ROSE RD CITY-ST-ZIP TALLAHASSEE, FL 32311	V Delete TITLL SNYDER, CLINT NAM 10166 ROSE RD STRE			24185 Lanier St Tallahassee, # 30310			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	04/	### 1 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6	260252 31-020	nge Addition *150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Detete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Cha	nge 🗌 Addition	
TITLE NAME STREET ADDRESS CITY-S1-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Cha	inge 🗀 Addition	
ITILE NAME STREET ADDRESS CIFY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Cha	nge 🗍 Addition	
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: STRATURE AND TYPED O	R PRINTED NAME OF SIGNING OFFICE	R OR DIRECTOR		4/8/05 Otate	Deytime Pho	one #	

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