


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 19, 2008 8:00 am
Secretary of State

06-19-2008 90001 031 ***150.00

DOCUMENT # P03000125357

1. Entity Name
SERVE U WELL, INC.



Principal Place of Business
**15942 NW 15TH MANOR
 PEMBROKE PINES, FL 33028**

Mailing Address
**15942 NW 15TH MANOR
 PEMBROKE PINES, FL 33028**



2. Principal Place of Business - No P.O. Box #
15942 NW 15 MANOR

3. Mailing Address
15942 NW 15 MANOR

Suite, Apt. #, etc.

06032008 Chg-P CR2E034 (12/06)

City & State
Pembroke pines FL

City & State
Pembrokepines FL

Zip
33028

Country
Broward

Zip
33028

Country
Broward

4. FEI Number
83-0378325

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**JARRETT, EDMOND A
 15942 NW 15TH MANOR
 PEMBROKE PINES, FL 33028**

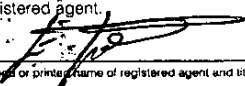
7. Name and Address of New Registered Agent

Name **Agent remains the SAME**

Street Address (P.O. Box Number is Not Acceptable)

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 accept the obligations of registered agent.

SIGNATURE  **Edmond A Jarrett** **06-10-08**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$550.00
 Due by September 12, 2008**

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

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	JARRETT, EDMOND A	
STREET ADDRESS	15942 NW 15TH MANOR	
CITY-ST-ZIP	PEMBROKE PINES, FL 33028	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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:  **Edmond A Jarrett** **06-10-08** **754 234 7497**

Signature and typed or printed name of signing officer or director Date Daytime Phone #

ATTACHMENT

Serv-u-well Inc.

15942 NW 15th MANOR

Pembroke pines FL 33028

40108641

#P03000/25357

Florida Department of State
Division of Corporations
RE Annual Report

I^{am} requesting a wave in

the late fee of \$400.00 due to the fact
that I did not receive that notice form.

I was told a few days ago by a friend of
mine about this report and made an attempt to
do it on line, ~~only~~ to find out that it was late
and a \$400.00 fine would be assessed

I spoke to a representative in your
department and I was instructed to send
a check of \$150.00 and this letter

your consideration would be deeply
appreciated

Thank you

Edmond Jarrett
President