

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000145567

Entity Name: JUPITER BONSAI, INC.

FILED  
Jan 24, 2008  
Secretary of State

## Current Principal Place of Business:

10792 RANDOLPH SIDING ROAD  
JUPITER, FL 33478 US

## New Principal Place of Business:

## Current Mailing Address:

P.O. BOX 508  
JUPITER, FL 33468 US

## New Mailing Address:

FEI Number: 20-0550745

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CARVER, CAROLYN  
18200 WOODSIDE TRAIL  
JUPITER, FL 33458 US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P,S ( ) Delete  
Name: CARVER, CAROLYN  
Address: 18200 WOODSIDE TRAIL  
City-St-Zip: JUPITER, FL 33458

Title: VD ( ) Delete  
Name: CARVER, ALLEN  
Address: 10792 RANDOPHL SIDING ROAD  
City-St-Zip: JUPITER, FL 33478

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CAROLYN CARVER

P,S

01/24/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date