

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2006 8:00 am
Secretary of State

04-12-2006 90071 029 ***150.00

DOCUMENT # P04000019428

1. Entity Name
JESTER ENTERPRISES, INC.



Principal Place of Business
**1900 S HARBOR CITY BLVD STE 228
 MELBOURNE, FL 32901**

Mailing Address
**1900 S HARBOR CITY BLVD STE 228
 MELBOURNE, FL 32901**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

03202006 Chg-P CR2E034 (11/05)

4. FEI Number **52-2439286** 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

**DERKSEN, JESSICA
 1900 S HARBOR CITY BLVD STE 228
 MELBOURNE, FL 32901**

Name
 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when administering)

DATE

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2006 Fee will be \$550.00**

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

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TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST DERKSEN, JESSICA 1900 S HARBOR CITY BLVD STE 228 MELBOURNE, FL 32901 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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, receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that the information has not been changed, or on an attachment with an address, with all other like empowered.

SIGNATURE *[Handwritten Signature]*