## **2008 FOR PROFIT CORPORATION ANNUAL REPORT DOCUMENT # P04000076383** JEAN-MARY ENTERPRISE, INC.



Apr 23, 2008 8:00 am Secretary of State 04-23-2008 90022 034 \*\*\*150.00

868 JUPITER BLVD. N.W. '8 Suite #7				Aailing Address 868 JUPITER BLVD. N.W. SUITE #7 PALM BAY, FL 32907						<b>.</b> 	JJ <b>i i i i</b>	
Principal Place of Business - No P.O. Box #     3.				. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.			03262008	Chg-P	CR2E	034 (12/06)			
City & State				City & State			4. FEI Numb 41-213				oplied For ot Applicable	
Zip				Zip	Country			5. Certificate	of Status Desired		\$8.75 Add Fee Require	ditional ed
6. Name and Address of Current Regis				tered Agent			-	7. Name and	Address of New	Registered	Agent	-
JEAN-MARY, ELIZA 868 JUPITER BLVD. N.W. SUITE #7 PALM BAY, FL 32907				Name Street Addres			ddress (	s (P.O. Box Number is Not Acceptable)				
					City			•	FL	Zip Coc		
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 reinstaling)  DATE												
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00				Election Campai     Trust Fund Cont	ribution.	ncing		.00 May Be led to Fees				
10.	OFFICERS AND DIRECTORS				11.			ADDITIONS	CHANGES TO OF	FFICERS AN	O DIRECTOR	S IN 11
TITLE NAME STREET ADDRESS	868 JUPI	RY, ELIZA TER BLVD. N.W	r., SUITE #7			ET ADDRESS				•	☐ Change	☐ Addition
CITY-ST-ZIP	PALM BA	Y, FL 32907	W.L.	☐ Delete	CITY	-ST-ZIP					Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP				_ Solite	NAM STRE	ET ADDRESS					□ onerige	L. Auditon
TITLE			-1	☐ Delete	TITLE	-ST-ZIP E			<u></u>		☐ Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP				-···		E ET ADDRESS -ST-ZIP		<u>-</u> `		-		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete							☐ Change	☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP				□ Delete				ı			☐ Change	☐ Addition

12. I hereby certify that the information supplied with this filting 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.