

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 25, 2008 08:00 AM
Secretary of State

DOCUMENT # P04000101975	
1. Entity Name KJUMP INCORPORATED	

Principal Place of Business 190 JOHN ANDERSON DR ORMOND BEACH FL 32176	Mailing Address 190 JOHN ANDERSON DR ORMOND BEACH FL 32176
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E034 (10/07)

4. FEI Number 55-0875800	☐ Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
PASPALAKIS, JOHN 190 JOHN ANDERSON DR ORMOND BEACH FL 32176		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 _____ (NOTE: Registered Agent signature required when reconstituting) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PT ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	PASPALAKIS, JOHN	NAME	
STREET ADDRESS	190 JOHN ANDERSON DR	STREET ADDRESS	
CITY-ST-ZIP	ORMOND BEACH FL 32176	CITY-ST-ZIP	
TITLE	VS ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	PASPALAKIS, URANIA	NAME	
STREET ADDRESS	190 JOHN ANDERSON DR	STREET ADDRESS	
CITY-ST-ZIP	ORMOND BEACH FL 32176	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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03/04/08-80033-025 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: John Paspalakis President John Paspalakis 2-11-08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR