## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## Apr 30, 2007 08:00 AM Secretary of State DOCUMENT # P04000114066 JUMBO INC Principal Place of Business Mailing Address 4275 FOSS RD. 4275 FOSS RD. LAKE WORTH, FL 33461 LAKE WORTH, FL 33461 04152007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-1452921 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE RATHBUN, KEITH **4221 FOSS RD** LAKE WORTH, FL. 33461 IN THIS SPACE 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. 4/26/07 owner SIGNATURE ed agent and little if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOWIII FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE RATHBUN, KEITH 4221 FOSS RD STREET ADDRESS CITY-ST-ZIP LAKE WORTH, FL 33461 U00000746178 05/16/07-80059-015 150.00 HARRISON, CHRISTINA NAME STREET ADDRESS **4221 FOSS RD** CITY-ST-ZIP LAKE WORTH, FL 33461 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE 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 it 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 pite, like empowered.

TITLE NAME STREET ADDRESS CITY-\$1-ZIP

NTED NAME OF SIGNING OFFICER OR DIRECTOR

Davima Phone #

**FILED**