2007 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P05000006162

1. Entity Name
JEMLART ENTERPRISES OF TAMPA, INC.

Principal Place of Business	Mailing Address
4708 FOXSHIRE CIRCLE	4708 FOXSHIRE CIRCLE
TAMPA, FL 33624-4308	TAMPA, FL 33624-4308

DO NOT WRITE IN THIS SPACE

01102007   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
51-0534768	Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BELLINNI, ELIZABETH
4708 FOXSHIRE CIRCLE
TAMPA, FL 33624-4308

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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 reinstating)   DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE	PS
NAME	BELLINNI, ELIZABETH
STREET ADDRESS	4708 FOXSHIRE CIRCLE
CITY-ST-ZIP	TAMPA, FL 336244308
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 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: _Elizabeth Bellinni_ Elizabeth Bellinni 1-16-07 813 961 7343

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #