

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000018242

FILED  
Apr 19, 2009  
Secretary of State

**Entity Name:** THE JENNIFER SPERA AGENCY, INC.

**Current Principal Place of Business:**

12086 FT CARLINE ROAD #102  
JACKSONVILLE, FL 32225

**New Principal Place of Business:**

**Current Mailing Address:**

12086 FT CARLINE ROAD #102  
JACKSONVILLE, FL 32225

**New Mailing Address:**

785 OAKLEAF PLANTATION PARKWAY #1411  
ORANGE PARK, FL 32065

**FEI Number:** 20-2286499

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

AYRES, JENNIFER S  
785 OAKLEAF PLANTATION PKWY  
1411  
ORANGE PARK, FL 32065 US

**Name and Address of New Registered Agent:**

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.

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: MRS. ( ) Delete  
Name: AYRES, JENNIFER S  
Address: 12086 FT. CAROLINE RD #102  
City-St-Zip: JACKSONVILLE, FL 32225

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** JENNIFER SPERA AYRES

PRES

04/19/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date