## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 08, 2008 08:00 AN Secretary of State

DOCUMENT # P05000025787  1. Entity Name J E E INVESTMENTS, INC.		
Principal Place of Business 7320 NW 240 ST OKEECHOBEE, FL 34972	Mailing Address 7320 NW 240 ST OKEECHOBEE, FL 34972	

## No Chg-P 02042008 CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number Not Applicable 56-2504040 \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent ENTRY, JOHN E III DO NOT WRITE 7320 NW 240 ST OKEECHOBEE, FL 34972 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be .FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2008 Fee will be \$550.00 Added to Fees , I medicine I. PSD TITLE NAME ENTRY, JOHN E III 7320 NW 240 ST STREET ADDRESS OKEECHOBEE, FL 34972 CITY-ST-ZIP U00000820020 02/18/08-80012-002 150.00 NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-21P TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this fiting 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: 2-5-08 863-763-96

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Designed Proce #