## FILED Mar 19, 2008 8:00 am Secretary of State 03-04-2008 90012 042 \*\*\*150.00

2008 FOR PROFIT CORPORATION
ANNUAL REPORT

Secretary of State of the s

| DOCU<br>1. Entity Nam<br>J SQUAR   |   |              |                   |
|--|---|--------------|-------------------|
| Principal Place of Business Mailing Address  5518 PHEASANT LANE 5518 PHEASANT LANE BRADENTON, FL 34209 US BRADENTON, FL 34209 US   |   |              |                   |
| DO NOT WRITE IN THIS SPACE   |   |              | 02082008 No Chg-P |
| 6. Name and Address of Current Registered Agent  |   |              | - '               |
| 5518 PHE   | (I, JEROME<br>ASANT LANE                  | DO NOT WRITE |                   |
| BRADENTON, FL 34209  |   |              | IN THIS SPACE     |
| 8. The above named sayly 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 Consult Name 12 Feb 08   |   |              |                   |
| SIGNATURE: Speake, typed or prinish name or registered poors and spatial applicable [NOTE: Registered Apent aligneture required when remaining)  DATE  |   |              |                   |
| FILE NOWIII FEE IS \$150.00  After May 1, 2008 Fee will be \$550.00  9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.   Added to Fees   |   |              |                   |
| 10.  | OFFICERS AND DIRECTORS                    |              | -                 |
| NAME   | ENGERSKI, JEROME                          |              |                   |
| STREET ADDRESS<br>CITY-ST-ZIP  | 5518 PHEASANT LANE<br>BRADENTON, FL 34209 |              |                   |
| TITLE  | SEC<br>ENGERSKI, JUDITH                   |              | j                 |
| STREET ADDRESS   | 5518 PHEASANT LANE                        | 1            |                   |
| CITY-ST-ZIP  | BRADENTON, FL 34209                       | ł            |                   |
| NAME<br>STREET ADDRESS   |   | į            |                   |
| CIFY-ST-ZIP  |   |              | DO NOT WRITE      |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  |   |              | IN THIS SPACE     |
| TITLE  |   | ]            | į.                |
| STREET ADDRESS<br>GITY-ST-ZIP  |   |              |                   |
| TITLE<br>NAME  |   |              |                   |
| STREET ADDRESS<br>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 accurate and signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the received 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 appeared. |   |              |                   |
| SIGNATURE: SIGNATURE AND TYPE OR PRINTED HAME OF SEPRING OFFICT OR CURRECTOR DANS 941792 CONTROL DANS DESIGNATURE AND TYPE OR PROTECTION DANS OF SEPRING OFFICT OR CURRECTOR   |   |              |                   |