


2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000153481 1. Entity Name JAY FERRY, P.A.	
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Principal Place of Business 124 AVALON DRIVE ORMOND BEACH, FL 32176	Mailing Address 124 AVALON DRIVE ORMOND BEACH, FL 32176
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

FERRY, JOSEPH
124 AVALON DRIVE
ORMOND BEACH, FL 32176

**DO NOT WRITE
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: *Joseph Ferry* (NOTE: Registered Agent signature required when reinstating) DATE: 9/6/08

FILE NOW!!! FEE IS \$550.00 Due by September 12, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	000000959285 09/09/08-80004-020 550.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FERRY, JOSEPH 124 AVALON DRIVE ORMOND BEACH, FL 32176
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IN THIS SPACE**

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: *Joseph Ferry* 9/6/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FILED
Sep 09, 2008 08:00 AM
Secretary of State



08242008 No Chg-P CR2E034 (11/05)

4. FEI Number 20-3885451	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required