

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2007 08:00 AM
Secretary of State

DOCUMENT # P05000157818

1. Entity Name
JOMARSER, INC.



Principal Place of Business
**3974 AVALON BLVD.
MILTON, FL 32583**

Mailing Address
**3974 AVALON BLVD.
MILTON, FL 32583**

DO NOT WRITE IN THIS SPACE



01302007 No Chg-P CR2E034 (11/05)

4. FEI Number
20-3927528

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**RECANATI, SERGIO
6657 HUNT STREET
MILTON, FL 32570**

**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 _____

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	VP/D
NAME	RECANATI, SERGIO
STREET ADDRESS	6657 HUNT STREET
CITY-ST-ZIP	MILTON, FL 32570
TITLE	P/D
NAME	ROHLING, MARK
STREET ADDRESS	4005 DEERWOOD CIRCLE
CITY-ST-ZIP	PAGE, FL 32571
TITLE	S/D
NAME	GRZESIAK, DEBORAH
STREET ADDRESS	5706 SWEET BIRCH LANE
CITY-ST-ZIP	MILTON, FL 32583
TITLE	T/D
NAME	GEORGE, JOANNE
STREET ADDRESS	5428A MILL STONE CIRCLE
CITY-ST-ZIP	MILTON, FL 32570
TITLE	D
NAME	RECANATI, ANTHONY
STREET ADDRESS	6657 HUNT ST
CITY-ST-ZIP	MILTON, FL 32570
TITLE	D
NAME	ELLIS, CATHERINE
STREET ADDRESS	9856 INDIAN FORD RD
CITY-ST-ZIP	MILTON, FL 32570

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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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/07
Date

**850
623 8666**
Daytime Phone #