## 2008 FOR PROFIT CORPORATION

## **ANNUAL REPORT**

**DOCUMENT # P06000005101** 

1. Entity Name JARMEL, INC.

Principal Place of Business 5070 ROBINSONG ROAD SARASOTA, FL 34233

Mailing Address 5070 ROBINSONG ROAD SARASOTA, FL 34233

## **FILED** Mar 03, 2008 08:00 A Secretary of State



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CR2E034 (11/05) 01082008 No Chg-P

4. FEI Number 20-4072368

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WHITE, BENJAMIN **5070 ROBINSONG ROAD** SARASOTA, FL 34233

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	ove named entity submits this statement for the purpose of changing ations of registered agent.	ing its registered office or registered agent, or both	, in the State of Florida.	I am familiar with, and accept
SIGNATUI	Signature, typed or printed name of registered agent and title # applicable	(NOTE: Registered Agent signature required when reinstating)		DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

TETOT 100844451 03/12/09-80036-020 150.00

OFFICERS AND DIRECTORS 10. TITLE NAME WHITE, BENJAMIN 5070 ROBINSONG ROAD STREET ADDRESS SARASOTA, FL 34233 CITY-ST-ZIP WHITE, JOYCE J NAME 5070 ROBINSONG ROAD STREET ADDRESS CITY-ST-ZIP SARASOTA, FL 34233 TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TIME NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP

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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 atlandment with an address, with all other like empowered.

SIGNATURE:

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #