## **2007 FOR PROFIT CORPORATION**

## **ANNUAL REPORT**

## DOCUMENT # P06000062858



FILED
Jul 13, 2007 8:00 am
Secretary of State
07-13-2007 90086 013 \*\*\*150.00

Zip Country	1. Entity Nam JESS'S T		ENCE, INC.			Name of the last o			07 13 200	, , , , , , , , , , , , , , , , , , , ,	. 130	
Suite, Apt. #, etc.  City & State  City & State  Country  Zip  Country  Zip  Country  Zip  Country  Size Address of Size Country  Size Address of New Registered Agent  The above named analy submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am termitial with, and a three obligations of registered agent, or both, in the State of Florida. I am termitial with, and a three obligations of registered agent, or both, in the State of Florida. I am termitial with, and a three obligations of registered agent, or both, in the State of Florida. I am termitial with, and a three obligations of registered agent, or both, in the State of Florida. I am termitial with, and a three obligations of registered agent, or both, in the State of Florida. I am termitial with, and a three obligations of registered agent, or both, in the State of Florida. I am termitial with, and a three obligations of registered agent, or both, in the State of Florida. I am termitial with, and a three obligations of registered agent, or both, in the State of Florida. I am termitial with, and a three obligations of registered agent, or both, in the State of Florida. I am termitial with, and a three obligations of registered agent, or both, in the State of Florida. I am termitial with, and a three obligations of registered agent, or both, in the State of Florida. I am termitial with, and a three obligations of registered agent, or both, in the State of Florida. I am termitial with, and a three obligations of registered agent, or both, in the State of Florida. I am termitial with, and a three obligations of registered agent, or both, in the State of Florida. I am termitial with, and a	19004 TURKEY RD				19004 TURKEY RD							
City & State  Country  Country  S. Certificate of Status Desired  Set Required  Some Required  Fee Required  Fee Required  Street Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  City  FL  Zip Code  Street Address (P.O. Box Number is Not Acceptable)  City  FL  Zip Code  To above named entity submits this statement for the purpose of changing as registered office or registered agent, or both, in the State of Fiorida. I am lamiliar with, and a trip collegations of registered agent and the 4 sockcable  Signature  FILE NOWIII FEE IS \$150.0 per level owner or ingulared spent and the 4 sockcable  FILE NOWIII FEE IS \$150.0 per level owner or ingulared spent and the 4 sockcable  FILE NOWIII FEE IS \$150.0 per level owner or ingulared spent and the 4 sockcable  FILE NOWIII FEE IS \$150.0 per level owner or ingulared spent and the 4 sockcable  FILE NOWIII FEE IS \$150.0 per level owner or ingulared spent and the 4 sockcable  FILE NOWIII FEE IS \$150.0 per level owner or ingulared spent and the 4 sockcable  FILE NOWIII FEE IS \$150.0 per level owner or ingulared spent and the 4 sockcable  FILE NOWIII FEE IS \$150.0 per level owner or ingulared spent and the 4 sockcable  FILE NOWIII FEE IS \$150.0 per level owner or ingulared spent and the 4 sockcable  FILE NOWIE FEE NOWIII FEE IS \$150.0 per level owner insulating  FILE NOWIII FEE IS \$150.0 per level owner insulating  FILE NOWIII FEE IS \$150.0 per level owner insulating  FILE NOWIII FEE IS \$150.0 per level owner insulating  FILE NOWIII FEE IS \$150.0 per level owner insulating  FILE NOWIII FEE IS \$150.0 per level owner insulating  FILE NOWIII FEE IS \$150.0 per level owner insulating  FILE NOWIII FEE IS \$150.0 per level owner insulating  FILE NOWIII FEE IS \$150.0 per level owner insulating  FILE NOWIII FEE IS \$150.0 per	2. Principal Place of Business - No P.O. Box #				3. Mailing Address							
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S. Certificate of Status Desired Sta					·		4. FEI Number			No	pplied For of Applicable	
Name   Street Address (P.O. Box Number is Not Acceptable)	Zip							Fee Required				
ALTOONA, FL 32702  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 a the obligations of registered agent.  SIGNATURE    Suprawa, typed or prised name of registered agent and title 4 applicable. (NOTE Registered Agent signature required when reincistancy)    PILE NOWIII FEE IS \$150.00   Due by September 14, 2007   Due by September 14, 2007   Private Fund Contribution.   ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1    ITILE   P	<del> </del>	6. Name	and Address of Curre	nt Regist				7. Name and Address of New Registered Agent				
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 a the obligations of registered agent.  SIGNATURE    Synature, typed or printed name of registered agent and sife 4 applicable.	19004 TURKEY RD							(P.O. Box Number	er is Not Accepta	able)		
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 terrilliar with, and a the obligations of registered agent, or both, in the State of Florida. I am terrilliar with, and a state of Florida.	,											
SIGNATURE    Signature, innext or printed name of registered agent and still of applicable. (NOTE, Registered Agent signature required when reinstating)   DATE.												
FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007  10. OFFICERS AND DIRECTORS  Trust Fund Contribution.  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1  ITILE NAME KERR, JESS STREET ADDRESS 19004 TURKEY RD ALTOONA, FL 32702  TITLE NAME KERR, RHONDA T STREET ADDRESS CITY-ST-2IP ALTOONA, FL 32702  TITLE O NAME TOWNE, JEFFREY N STREET ADDRESS CITY-ST-2IP ALTOONA, FL 32702  TITLE O NAME STREET ADDRESS STREET ADDRE	8. The above the obligat	named entity ions of regist	y submits this statement tered agent.	t for the pu	rpose of changing its	registered o	ffice or registe	ered agent, or bo	h, in the State of	Florida. I am fa	miliar with,	and accept
Trust Fund Contribution. Added to Fees   Corporation did not receive the prior notice    10. OFFICERS AND DIRECTORS   11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1  ITITE   P	SIGNATURE	Signature, typed	or printed name of registered ag	gent and title d	applicable. (NOT	E: Registered Age	ent signature require	ed when reinstating)		DATE		
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NAME NAME STREET ADDRESS CITY-ST-ZIP  12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental tenor is true and accurate and that my signature shall have the same level effect as it made under each that have an efficience dis	NAME STREET ADDRESS CITY-ST-ZIP					NAME STREET AI CITY-ST-	ZIP					Addition

indicated on this report or supplemental report is true and accurate and that my signature shall have the same let at 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR