

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 25, 2007 8:00 am
Secretary of State

07-25-2007 90046 021 ***150.00

DOCUMENT # P06000101190			
1. Entity Name JASMINE LITLE INC			
Principal Place of Business 1570 S.E. SHEFFIELD TER #202 STUART, FL 34994		Mailing Address 1570 S.E. SHEFFIELD TER #202 STUART, FL 34994	
2. Principal Place of Business - No P.O. Box # 2623 SW Oak Ridge Rd.		3. Mailing Address 2623 SW Oak Ridge Rd.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Palm City, Florida		City & State Palm City, Florida	
Zip 34990		Zip 34990	
Country USA		Country USA	
4. FEI Number 20-5321733		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LITLE, JASMINE 1570 S.E. SHEFFIELD TER #202 STUART, FL 34994		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LITLE, JASMINE 1570 S.E. SHEFFIELD TER STUART, FL 34994	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 attachment with an address, with all other like empowered.			
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		7/20/07 561-282-1345 <small>Date Daytime Phone #</small>	