


2007 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-25-2007 90172 031 ***150.00

DOCUMENT # P06000121443	
1. Entity Name JURASSIC JAVA, INC.	

Principal Place of Business 14650 NW 22 PLACE NEWBERRY, FL 32669	Mailing Address 14650 NW 22 PLACE NEWBERRY, FL 32669
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2. Principal Place of Business - No P.O. Box # 397 SW Riverside Ave	3. Mailing Address 397 SW Riverside Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Fort White FL	City & State Fort White FL
Zip 32038	Country US



04232007 Chg-P CR2E034 (12/06)

4. FEI Number 71-1012811		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 OLIVERIO, CARMINE 14650 NW 22 PLACE NEWBERRY, FL 32669		
7. Name and Address of New Registered Agent Name Carmine Oliverio (same) Street Address (P.O. Box Number is Not Acceptable) 397 SW Riverside Ave City Fort White FL Zip Code 32038		

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 Address changed - not registered agent.
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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTS OLIVERIO, CARMINE 14650 NW 22 PLACE NEWBERRY, FL 32669 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	(same) (same) 397 SW Riverside Ave Fort White, FL 32038 <input checked="" 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: Carmine J. Oliverio **Carmine J. Oliverio** 4/23/07 **(352) 328-1670**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #