

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 07, 2008 8:00 am**  
**Secretary of State**

01-29-2008 90009 022 \*\*\*150.00

<b>DOCUMENT # P07000088134</b> 1. Entity Name <b>JUPITER CREEK RESEARCH, INC.</b>					
Principal Place of Business <b>7405 SAINT ANDREWS ROAD LAKE WORTH, FL 33467</b>			Mailing Address <b>7405 SAINT ANDREWS ROAD LAKE WORTH, FL 33467</b>		
2. Principal Place of Business No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>26 0701523</b>	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>LAMONTAGNE, KEVIN M 125 EAST BOYNTON BEACH BLVD BOYNTON BEACH, FL 33435</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City		
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u><i>Amanda Krupa</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: <u>March 3, 2008</u> Daytime Phone #: <u>561-964-6760</u>		

**66002765**



01232008 Chg-P CR2E034 (12/06)

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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, 2008 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐

**\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☒ Addition  
**P/T  
Amanda Krupa  
7405 Saint Andrews Rd.  
Lake Worth, FL 33467**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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

Date

Daytime Phone #

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

1/29/2008-90009-022-\$150.00-\$150.00

ATTACHMENT

<b>DOCUMENT # P07000088134</b> 1. Entity Name JUPITER CREEK RESEARCH, INC.																													
Principal Place of Business 7405 SAINT ANDREWS ROAD LAKE WORTH, FL 33467			Mailing Address 7405 SAINT ANDREWS ROAD LAKE WORTH, FL 33467																										
2. Principal Place of Business / No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		4. FEI Number <b>P07000088134</b>																									
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																									
Zip Country		Zip Country		6. Name and Address of Current Registered Agent LAMONTAGNE, KEVIN M 125 EAST BOYNTON BEACH BLVD BOYNTON BEACH, FL 33435																									
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>																											
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																											
<b>10. OFFICERS AND DIRECTORS</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY- ST- ZIP</td> <td style="width: 70%; text-align: right;">Delete <input type="checkbox"/></td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY- ST- ZIP</td> <td style="text-align: right;">Delete <input type="checkbox"/></td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY- ST- ZIP</td> <td style="text-align: right;">Delete <input type="checkbox"/></td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY- ST- ZIP</td> <td style="text-align: right;">Delete <input type="checkbox"/></td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY- ST- ZIP</td> <td style="text-align: right;">Delete <input type="checkbox"/></td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY- ST- ZIP</td> <td style="text-align: right;">Delete <input type="checkbox"/></td> </tr> </table>			TITLE NAME STREET ADDRESS CITY- ST- ZIP	Delete <input type="checkbox"/>	TITLE NAME STREET ADDRESS CITY- ST- ZIP	Delete <input type="checkbox"/>	TITLE NAME STREET ADDRESS CITY- ST- ZIP	Delete <input type="checkbox"/>	TITLE NAME STREET ADDRESS CITY- ST- ZIP	Delete <input type="checkbox"/>	TITLE NAME STREET ADDRESS CITY- ST- ZIP	Delete <input type="checkbox"/>	TITLE NAME STREET ADDRESS CITY- ST- ZIP	Delete <input type="checkbox"/>	<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY- ST- ZIP</td> <td style="width: 70%; text-align: right;">Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/></td> </tr> <tr> <td>P/T Amanda Krupa 7405 Saint Andrews Road Lake Worth, FL 33467</td> <td style="text-align: right;"></td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY- ST- ZIP</td> <td style="text-align: right;">Change <input type="checkbox"/> Addition <input type="checkbox"/></td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY- ST- ZIP</td> <td style="text-align: right;">Change <input type="checkbox"/> Addition <input type="checkbox"/></td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY- ST- ZIP</td> <td style="text-align: right;">Change <input type="checkbox"/> Addition <input type="checkbox"/></td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY- ST- ZIP</td> <td style="text-align: right;">Change <input type="checkbox"/> Addition <input type="checkbox"/></td> </tr> </table>			TITLE NAME STREET ADDRESS CITY- ST- ZIP	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>	P/T Amanda Krupa 7405 Saint Andrews Road Lake Worth, FL 33467		TITLE NAME STREET ADDRESS CITY- ST- ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>	TITLE NAME STREET ADDRESS CITY- ST- ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>	TITLE NAME STREET ADDRESS CITY- ST- ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>	TITLE NAME STREET ADDRESS CITY- ST- ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY- ST- ZIP	Delete <input type="checkbox"/>																												
TITLE NAME STREET ADDRESS CITY- ST- ZIP	Delete <input type="checkbox"/>																												
TITLE NAME STREET ADDRESS CITY- ST- ZIP	Delete <input type="checkbox"/>																												
TITLE NAME STREET ADDRESS CITY- ST- ZIP	Delete <input type="checkbox"/>																												
TITLE NAME STREET ADDRESS CITY- ST- ZIP	Delete <input type="checkbox"/>																												
TITLE NAME STREET ADDRESS CITY- ST- ZIP	Delete <input type="checkbox"/>																												
TITLE NAME STREET ADDRESS CITY- ST- ZIP	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>																												
P/T Amanda Krupa 7405 Saint Andrews Road Lake Worth, FL 33467																													
TITLE NAME STREET ADDRESS CITY- ST- ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>																												
TITLE NAME STREET ADDRESS CITY- ST- ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>																												
TITLE NAME STREET ADDRESS CITY- ST- ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>																												
TITLE NAME STREET ADDRESS CITY- ST- ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>																												
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: <u>Amanda Krupa</u> Jan. 23, 2008 561-964-6760 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																													

66002765  
260701523  
01232008 Chg-P CR2E034 (12/06)  
See correct form enclosed.  
A. Krupa

**ATTACHMENT**  
**~~~ Jupiter Creek Research, Inc. ~~~**  
7405 Saint Andrews Road · Lake Worth, Florida 33467

66002765  
# P07000088134

Division of Corporations  
PO Box 1500  
Tallahassee, FL 32302-1500

Subject: Correction to Annual Report Form

March 3, 2008 .

Enclosed is a corrected form for the 2008 Annual Report for Jupiter Creek Research. This form now contains the correct FEI Number, 26 0701523.

The report was originally submitted with payment on March 3, 2008, but unfortunately the FEI Number was incorrect. I'm sorry for any confusion this may have caused.

Sincerely,



Amanda J. Krupa,  
Jupiter Creek Research