

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000105795

Entity Name: CLAIM JUMPER, INC.

FILED
Apr 15, 2008
Secretary of State

Current Principal Place of Business:

905 SOUTHEAST 29TH STREET
CAPE CORAL, FL 33904

New Principal Place of Business:

Current Mailing Address:

905 SOUTHEAST 29TH STREET
CAPE CORAL, FL 33904

New Mailing Address:

FEI Number: 41-2253002

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WEEKS, KEEGAN G
905 SOUTHEAST 29TH STREET
CAPE CORAL, FL 33904 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: WEEKS, KEEGAN G
Address: 905 SOUTHEAST 29TH STREET
City-St-Zip: CAPE CORAL, FL 33904

Title: V () Delete
Name: CARTER, ROBERT
Address: 905 SOUTHEAST 29TH STREET
City-St-Zip: CAPE CORAL, FL 33904

Title: S () Delete
Name: CARTER, MELISSA
Address: 14352 DEVINGTON COURT
City-St-Zip: FORT MYERS, FL 33912

Title: T () Delete
Name: WILLIAMS, ERICA
Address: 905 SOUTHEAST 29TH STREET
City-St-Zip: CAPE CORAL, FL 33904

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: V (X) Change () Addition
Name: CARTER, ROBERT
Address: 14352 DEVINGTON COURT
City-St-Zip: FORT MYERS, FL 33912

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ERICA WILLIAMS

TREA

04/15/2008

Electronic Signature of Signing Officer or Director

_____ Date