

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000083070

FILED  
May 01, 2009  
Secretary of State

Entity Name: JASU DEVELOPERS, BUILDERS, ROOFERS, INC

## Current Principal Place of Business:

5104 N. ORANGE BLOSSOM TRAIL  
SUITE 208  
ORLANDO, FL 32810 US

## New Principal Place of Business:

2957 MAGNOLIA BLOSSOM CIRCLE  
CLERMONT, FL 34711 US

## Current Mailing Address:

P.O. BOX 744  
GROVELAND, FL 34736

## New Mailing Address:

2957 MAGNOLIA BLOSSOM CIRCLE  
CLERMONT, FL 34711 US

FEI Number: 26-3331122

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

LEIVA, JAIME  
5104 N. ORANGE BLOSSOM TRAIL  
ORLANDO, FL 32810 US

## Name and Address of New Registered Agent:

LEIVA, JAIME  
2957 MAGNOLIA BLOSSOM CIRCLE  
CLERMONT, FL 34711 US

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:

05/01/2009

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: LEIVA, JAIME  
Address: 5104 N. ORANGE BLOSSOM TRAIL  
City-St-Zip: ORLANDO, FL 32810 US

Title: VP ( ) Delete  
Name: FORTICH, RALPH  
Address: 12215 OUTLOOK DRIVE  
City-St-Zip: CLERMONT, FL 34711 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: LEIVA, JAIME  
Address: 2957 MAGNOLIA BLOSSOM CIRCLE  
City-St-Zip: CLERMONT, FL 34711 US

Title: VP (X) Change ( ) Addition  
Name: FORTICH, RALPH  
Address: 2957 MAGNOLIA BLOSSOM CIRCLE  
City-St-Zip: CLERMONT, FL 34711 US

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: JAIME LEIVA

P

05/01/2009

Electronic Signature of Signing Officer or Director

Date