2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 04, 2005 8:00 am Secretary of State

DOCUMENT # P19066 1. Entity Name JASPER CORP.								05-04-2005	90113 0)16 **'	*150	0.00
Principal Place of Business 1000 URBAN CENTER DR. STE. 370 BIRMINGHAM, AL 35242 2. Principal Place of Business				Mailing Address 1000 URBAN CENTER DR. STE. 370 BIRMINGHAM, AL 35242 3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.			04262005	Chg-P		34 (10/		PSI II ISBI	
City & State			City & State				4. FEI Number 51-0308719				Apr	lied For
Zip	Country			Zip	try	5. Certificate of Status Desired			\$8.75 Fee Reg	Addi		
	6. Name	and Address of Current F	legis	tered Agent			7. Name and	Address of New F				
LINUTED	000004	TE CEDIMOTE INC				Name						
UNITED CORPORATE SERVICES, INC. 9200 SOUTH DADELAND BLVD. SUITE 508						Street Address	(P.O. Box Numb	er is Not Acceptabl	e)			
MIAMI, FL 33156-0000												
						City			FL	Zipi	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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE												
FILE NOWI!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution.							5.00 May Be ided to Fees					
10.	PD	OFFICERS AND	DIRE	CTORS Delete	11.	 1	ADDITIONS	/CHANGES TO OF	FICERS AND	DIRECT		Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	JOHNSEY, WALTER F. 1000 URBAN CENTER DR., STE. 370					1				_ CARA	ige	- Aubiton
TITLE NAME STREET ADDRESS CITY-ST-ZIP										☐ Cha	ige	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP						1				☐ Cha	\ge	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete						☐ Char	nge	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete		ľ				☐ Cha	age	☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP				☐ Delete	CITY	E ET ADDRESS -ST-ZIP						Addition
12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), 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 effect the proposered.												
SIGNAT	URE: _	AGNATORY AND YPED BY P	PINTE	THE HAVE		TOR	42	Jane D		5.94 Daytime Pho		536