2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P19066

Entity Name
 JASPER CORP.



FILED Mar 06, 2008 8:00 am Secretary of State

03-06-2008 90038 014 ***150.00

Principal Place of Business

1000 URBAN CENTER DR.

STE. 370

BIRMINGHAM, AL 35242

Mailing Address

1000 URBAN CENTER DR.

STE. 370

DO NOT WRITE IN THIS SPACE

BIRMINGHAM, AL 35242





02192008

No Chg-P

CR2E034 (11/05)

4. FEI Number 51-0308719

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

UNITED CORPORATE SERVICES, INC. 9200 SOUTH DADELAND BLVD.

SUITE 508

MIAMI, FL: 33156-0000

DO NOT WRITE IN THIS SPACE

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the obligat	named entity submits this statement for the pions of registered agent.	ourpose of changing its register	ed office or r	egistered agent, or bo	th, in the State of Florida. I am	familiar with, and accept
SIGNATURE_	Signature, typed or printed name of registered agent and title	of applicable. (NOTE: Registere	ed Agent signature	e required when reinstating)	DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Final Trust Fund Contribution.				\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIREC	CTORS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JOHNSEY, WALTER F. BRUCE 1000 URBAN CENTER DR., STE. 370 BIRMINGHAM, AL 35242				n Spill sameline	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	LONG, WILLIAM B. 1000 URBAN CENTER DR., STE. 370 BIRMINGHAM, AL 35242		.			
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12 Lharahy	certify that the information supplied with this f	ling does not qualify for the ov	ometions co	stained in Chapter 110	3 Florido Statutas I furthar par	tifu that the information

12. Thereby certify that the information supplied with this filling 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

2/20/08 205945652

Daytime Phone #