

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P19066

1. Entry Name
JASPER CORP.



Principal Place of Business
1000 URBAN CENTER DR.
STE. 370
BIRMINGHAM, AL 35242

Mailing Address
1000 URBAN CENTER DR.
STE. 370
BIRMINGHAM, AL 35242

FILED
Jan 22, 2007 08:00 AM
Secretary of State



01102007 No Chg-P CR2E034 (11/05)

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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

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IN THIS SPACE**

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 _____

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, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	JOHNSEY, WALTER F.
STREET ADDRESS	1000 URBAN CENTER DR., STE. 370
CITY - ST - ZIP	BIRMINGHAM, AL 35242
TITLE	VS
NAME	LONG, WILLIAM B.
STREET ADDRESS	1000 URBAN CENTER DR., STE. 370
CITY - ST - ZIP	BIRMINGHAM, AL 35242
TITLE	TD
NAME	LONG, WILLIAM B.
STREET ADDRESS	1000 URBAN CENTER DR., STE. 370
CITY - ST - ZIP	BIRMINGHAM, AL 35242
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

U00000594125
01/22/07-80060-012 150.00

**DO NOT WRITE
IN THIS SPACE**

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 # _____