



**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 28, 2008 08:00 AM
Secretary of State

DOCUMENT # P96000000545 1. Entity Name JEANINE B. SASSER, P.A.	
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Principal Place of Business 4595 LEXINGTON AVE SUITE 100 JACKSONVILLE, FL 32210 US	Mailing Address 4595 LEXINGTON AVE SUITE 100 JACKSONVILLE, FL 32210 US
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DO NOT WRITE IN THIS SPACE



04172008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3355808	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent SASSER, JEANINE B 4595 LEXINGTON AVE STE 100 JACKSONVILLE, FL 32210	DO NOT WRITE IN THIS SPACE
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

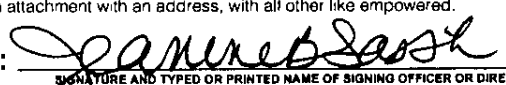
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SASSER, JEANINE B 4595 LEXINGTON AVE, STE 100 JACKSONVILLE, FL 32210
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05/20/08-80002-016 150.00

**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:  **4-24-08** **904-384-2999**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #