

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P96000031981

1. Entity Name
JESSERT CORPORATION



Principal Place of Business
**226 CENTER ST.
NO. A-1
JUPITER, FL 33458**

Mailing Address
**226 CENTER ST.
NO. A-1
JUPITER, FL 33458**

FILED
Sep 18, 2008 08:00 AM
Secretary of State



09102008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0672619

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**LOBRUTTO, ROBERT
4210 PLUMOSA ST
WEST PALM BEACH, FL 33408**

**DO NOT WRITE
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 Agents signature required when reinstating)

DATE

000000959847
09/18/08-80002-015 150.00

**FILE NOW!!! FEE IS \$150.00
Due by September 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

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

10. OFFICERS AND DIRECTORS

TITLE **P**
NAME **LOBRUTTO, ROBERT**
STREET ADDRESS **4210 PLUMOSA ST**
CITY - ST - ZIP **WEST PALM BCH, FL 33408**

TITLE **VP**
NAME **LOBRUTTO, JOSEPH**
STREET ADDRESS **115 WATER WAY RD**
CITY - ST - ZIP **ROYAL PALM BCH, FL 33411**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
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NAME
STREET ADDRESS
CITY - ST - ZIP

**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 #

Joseph Lo Brutto
Joseph Lo Brutto

9/12/08 ⁷⁴⁴
561.794.0156