2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000067584

1705 NORTH GOODMAN ROAD

KISSIMMEE, FL 34747

Address:

City-St-Zip:

Entity Name: JES HOLDINGS, INC.

FILED Apr 08, 2008 Secretary of State

| Current Principal Place of Business: | | New Principal Place | New Principal Place of Business: | |
|--|----------------------------------|------------------------------------|--|--|
| 1705 NORTH GOODMA KISSIMMEE, FL 34747 | NN ROAD. | | | |
| Current Mailing Address: | | New Mailing Address | New Mailing Address: | |
| 1705 NORTH GOODMA KISSIMMEE, FL 34747 | N ROAD | | | |
| FEI Number: 59-3398378 | FEI Number Applied For() | FEI Number Not Applicable () | Certificate of Status Desired () | |
| Name and Address of | Current Registered Agent: | Name and Address o | ame and Address of New Registered Agent: | |
| STYLES, JEAN E 1705 NORTH GOODMA KISSIMMEE, FL 34747 | ···· | | | |
| The above named entity in the State of Florida. | submits this statement for the p | ourpose of changing its registered | d office or registered agent, or both, | |
| SIGNATURE: | | | | |
| Electronic Signature of Registered Agent | | ent | Date | |
| Election Campaign Financir | ng Trust Fund Contribution (). | | | |
| OFFICERS AND DIRECTORS: | | ADDITIONS/CHANGE | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: | |
| Title: D (|) Delete | Title: | () Change () Addition | |

Address:

City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JEAN E. STYLES D 04/08/2008