

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 21, 2008 08:00 A
Secretary of State

DOCUMENT # P97000040942

1. Entity Name
JASMINE SQUARE, INC.



Principal Place of Business
**2605 SW 33RD ST #200
OCALA, FL 34474 US**

Mailing Address
**P.O BOX 2495
OCALA, FL 34478 US**



01032008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0755381

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**KIRKPATRICK, KENNETH
2605 SW 33RD STREET
#200
OCALA, FL 34474**

**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 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. ☐

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

U000000865839

04/08/08 00004-015 150.00

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
PERRON, LINDA
5655 SW EVANS DRIVE
STUART, FL 34997**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
FARINA, AL
3551 SE SEAPOINT COURT
STUART, FL 34997**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
TONA, FRANK J
6240 S.W. SR 200
OCALA, FL 34477**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
FARINA, MICHAEL R
50 BEACH ROAD
TEQUESTA, NJ 33469**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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

Al Farina

2/8/08

Date

352/482- 0777

Daytime Phone #