


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 <input type="checkbox"/>	\$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 _____ (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**

U00000865839
 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	

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:  **Al Farina** 2/8/08 352/482- 0777
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #