

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000040942

Entity Name: JASMINE SQUARE, INC.

FILED
Mar 17, 2009
Secretary of State

Current Principal Place of Business:

2605 SW 33RD ST #200
OCALA, FL 34474 US

New Principal Place of Business:

2605 SW 33RD ST
#200
OCALA, FL 34471 US

Current Mailing Address:

P.O BOX 2495
OCALA, FL 34478 US

New Mailing Address:

FEI Number: 65-0755381

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

KIRKPATRICK, KENNETH
2605 SW 33RD STREET
#200
OCALA, FL 34471 US

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

03/17/2009

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: PERRON, LINDA
Address: 5655 SW EVANS DRIVE
City-St-Zip: STUART, FL 34997

Title: D () Delete
Name: FARINA, AL
Address: 3551 SE SEAPOINT COURT
City-St-Zip: STUART, FL 34997

Title: D () Delete
Name: TONA, FRANK J
Address: 6240 S.W. SR 200
City-St-Zip: OCALA, FL 34477

Title: D () Delete
Name: FARINA, MICHAEL R
Address: 50 BEACH ROAD
City-St-Zip: TEQUESTA, NJ 33469

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
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: MICHAEL R. FARINA

Electronic Signature of Signing Officer or Director

D

03/17/2009

Date