

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 14, 2007 8:00 am
Secretary of State

02-14-2007 90049 013 ***150.00

DOCUMENT # P97000051529

1. Entity Name
N-VESTAMERICA, INC.



Principal Place of Business
815 HERNDON AVENUE
SUITE 100
ORLANDO, FL 32803

Mailing Address
815 HERNDON AVENUE
SUITE 100
ORLANDO, FL 32803

40016604



01182007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3450863	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

JARRELL, BETTY P
815 HERDON AVENUE
SUITE 100
ORLANDO, FL 32803

**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, 2007 Fee will be \$550.00**

9. Election Campaign Financing — **\$5.00 May Be**
Trust Fund Contribution. ☐ **Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	JARRELL, BETTY P
STREET ADDRESS	5940 ROCKING HORSE ROAD
CITY-ST-ZIP	ORLANDO, FL 32817

TITLE	AT
NAME	JARRELL, JOHN W
STREET ADDRESS	5940 ROCKING HORSE ROAD
CITY-ST-ZIP	ORLANDO, FL 32817

TITLE	TD
NAME	RISLEY, SCOTT J
STREET ADDRESS	1341 MAGNOLIA BAY COURT
CITY-ST-ZIP	MAITLAND, FL 32751

TITLE	SD
NAME	RISLEY, TINA L
STREET ADDRESS	1341 MAGNOLIA BAY COURT
CITY-ST-ZIP	MAITLAND, FL 32751

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:

Betty P Jarrell
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #