

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 16, 2008 8:00 am
Secretary of State

01-16-2008 90016 038 ***150.00

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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

DO NOT WRITE IN THIS SPACE



01042008 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3450863

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

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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

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	

**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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #