

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 05, 2008 08:00 AM
Secretary of State

DOCUMENT # P97000055500

1. Entity Name
JASON STEVEN DALLEY, INC.



Principal Place of Business
**100 EAST LINTON BLVD
STE 301A
DELRAY BEACH, FL 33483 US**

Mailing Address
**100 EAST LINTON BLVD
STE 301A
DELRAY BEACH, FL 33483 US**



01112008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0767245** Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**DALLEY, JASON STEVEN
100 EAST LINTON BLVD
STE 301A
DELRAY BEACH, FL 33483**

**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**

000000948439
06/02/08-80055-012 150.00

10. OFFICERS AND DIRECTORS

TITLE **P**
NAME **DALLEY, JASON STEVEN**
STREET ADDRESS **100 EAST LINTON BLVD STE 301A**
CITY-STATE-ZIP **DELRAY BEACH, FL 33483**

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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

5/1/08 561-742-7000
Date Daytime Phone #