2008 FOR PROFIT CORPORATION ANNUAL REPORT

Jan 10, 2008 08:00 AM **DOCUMENT # P98000049131 Secretary of State** 1. Entity Name J.P. SASSER, INC. Principal Place of Business Mailing Address **675 MAUDE ROAD** 507 NORTH BEACH RD. WAUCHULA, FL 33873 US SUNRISE BEACH, TX 78643 US No Chg-P CR2E034 (11/05) 01062008 DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 58-2467569 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent GERALD H. STEAD, P.A. DO NOT WRITE 1311 WEST FLETCHER, STE. A TAMPA, FL 33612 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE NAME SASSER, JAMES P STREET ADDRESS 507 NORTH BEACH RD. SUNRISE BEACH, TX 78643 CITY-ST-ZIP TITLE U00000778083 - 01/10/08-80034-018 150.00 STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS DO NOT WRITE CITY-ST-7IP TITLE IN THIS SPACE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

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 fixe empowered.

SIGNATURE:

CITY-ST-ZIP

FORMULY , JUSTINIA OF SIGNING OFFICER OR DIRECTOR

lan. 6, 2008 325-388-640

Daytime Phone #

FILED