2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 09, 2006 8:00 am
Secretary of State
02-09-2006 90024 027 ***150.00

DOCUMENT # P98000053242

1. Entity Name

JESTANY INVESTMENT CORPORATION

Principal Place of Business	Mailing Address
3405 61ST STREET EAST ✓ PALMETTO FL 34221	3405 61ST STREET EAST ✓ PALMETTO FL 34221

1st MOORE CR2E034 (10/05)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 65-0843950 ✓ ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
~~FENIMORE, BRENDA C~~ DECEASED 4/22/05 3405 61ST STREET EAST (SEE COPY) PALMETTO FL 34221	Name: DANIEL J. FENIMORE Street Address (P.O. Box Number is Not Acceptable): 3405 61ST ST. EAST PALMETTO, FL 34221 City: FL Zip Code

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: Jessica L. Fenimore - DANIEL FENIMORE - PRESIDENT - 1/30/06
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, 2006 Fee Will Be $550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PTSM FENIMORE, BRENDA C 3405 61ST STREET EAST PALMETTO FL 34221	☑ Delete	P-M DANIEL J. FENIMORE 3405 61ST ST. E. PALMETTO, FL 34221	☑ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VC FENIMORE, DANIEL ~~J~~ J. 3405 61ST STREET EAST PALMETTO FL 34221	☐ Delete	V.T.S JESSICA L. FENIMORE 3405 61ST ST. E. PALMETTO, FL 34221	☑ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FENIMORE, JESSICA 3405 61 ST E. PALMETTO FL 34221	☐ Delete	D BRITTANY A. FENIMORE 3405 61ST ST. E. PALMETTO, FL 34221	☐ Change	☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change	☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Jessica L. Fenimore - VICE-PRESIDENT 1/30/06 (941)722-5357
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

STATE OF FLORIDA

OFFICE of VITAL STATISTICS ATTACHMENT

CERTIFIED COPY

40011011

LOCAL FILE NO. 39-'05-003253 **FLORIDA CERTIFICATE OF DEATH**

TYPE IN PERMANENT BLACK INK

VOID IF ALTERED OR ERASED

DEMOGRAPHIC INFORMATION TO BE COMPLETED BY FUNERAL DIRECTOR

MEDICAL CERTIFIER

State of Florida, Department of Health, Vital Statistics

1. DECEDENT'S NAME (First, Middle, Last, Suffix)					2. SEX
Brenda C. Fenimore					Female
3. DATE OF BIRTH (Month, Day, Year)	4a. AGE-Last Birthday (Years)	4b. UNDER 1 YEAR Months	Days	4c. UNDER 1 DAY Hours	Minutes	5. DATE OF DEATH (Month, Day, Year)
June 21, 1963	41					April 22, 2005
6. SOCIAL SECURITY NUMBER	7. BIRTHPLACE (City and State or Foreign Country)					8. COUNTY OF DEATH
287-60-3419	Plainsville, Ohio					Hillsborough

9. PLACE OF DEATH (Check only one) HOSPITAL: X Inpatient ___ Emergency Room/Outpatient ___ Dead on Arrival
NON-HOSPITAL: ___ Hospice Facility ___ Nursing Home/Long Term Care Facility ___ Decedent's Home ___ Other (Specify)

10. FACILITY NAME (If not institution, give street address)	11a. CITY, TOWN, OR LOCATION OF DEATH	11b. INSIDE CITY LIMITS?
Tampa General Hospital	Tampa	X Yes ___ No

12. MARITAL STATUS (Specify)	13. SURVIVING SPOUSE'S NAME (If wife, give maiden name)
X Married ___ Married, but Separated ___ Widowed ___ Divorced ___ Never Married	Daniel Fenimore

14a. RESIDENCE - STATE	14b. COUNTY	14c. CITY, TOWN, OR LOCATION
Florida	Manatee	Palmetto

14d. STREET ADDRESS	14e. APT. NO.	14f. ZIP CODE	14g. INSIDE CITY LIMITS?
3405 61st Street East		34221	___ Yes X No

15a. DECEDENT'S USUAL OCCUPATION (Indicate type of work done during most of working life. Do not use "Retired")	15b. KIND OF BUSINESS/INDUSTRY
Realtor	Real Estate

16. DECEDENT'S RACE (Specify the race/races to indicate what decedent considered himself/herself to be. More than one race may be specified.)
X White ___ Black or African American ___ American Indian or Alaskan Native (Specify tribe)
___ Asian Indian ___ Chinese ___ Filipino ___ Japanese ___ Korean ___ Vietnamese ___ Other Asian (Specify)
___ Native Hawaiian ___ Guamanian or Chamorro ___ Samoan ___ Other Pacific Isl. (Specify) ___ Other (Specify)

17. DECEDENT OF HISPANIC OR HAITIAN ORIGIN? (Specify if decedent was of Hispanic or Haitian Origin.) ___ Yes (If Yes, specify) X No ___ Mexican ___ Puerto Rican ___ Cuban ___ Central/South American ___ Other Hispanic (Specify) ___ Haitian

18. DECEDENT'S EDUCATION (Specify the decedent's highest degree or level of school completed at time of death.)	19. WAS DECEDENT EVER IN U.S. ARMED FORCES?
___ 8th or less ___ High school but no diploma X High school diploma or GED ___ College but no degree ___ College degree (Specify): ___ Associate ___ Bachelor's ___ Master's ___ Doctorate	___ Yes X No

20. FATHER'S NAME (First, Middle, Last, Suffix)	21. MOTHER'S NAME (First, Middle, Maiden Surname)	
James LeRoy	Lorraine Elbon	
22a. INFORMANT'S NAME	22b. RELATIONSHIP TO DECEDENT	22c. INFORMANT'S MAILING - STATE
Daniel Fenimore	Spouse	Florida
22d. CITY OR TOWN	22e. STREET ADDRESS	22f. ZIP CODE
Palmetto	3405 61st Street East	34221

24. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place)	25a. LOCATION - STATE	25b. LOCATION - CITY OR TOWN	
Manasota Memorial Crematory	Florida	Bradenton	
26a. METHOD OF DISPOSITION ___ Burial ___ Entombment X Cremation ___ Donation ___ Removal from State ___ Other (Specify)			
26b. IF CREMATION, DONATION OR BURIAL AT SEA, WAS MEDICAL EXAMINER APPROVAL GRANTED? X Yes ___ No	27a. LICENSE NUMBER (of Licensee) FE4283	27b. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH ► Scott L Perkins	
28. NAME OF FUNERAL FACILITY		28a. FACILITY'S MAILING - STATE	
Mansion Memorial Park & Funeral Home		Florida	
28b. CITY OR TOWN	28c. STREET ADDRESS	28d. ZIP CODE	
Ellenton	1400 36th Avenue East	34222	

30. CERTIFIER: X Certifying Physician - To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner stated.
(Check one) ___ Medical Examiner - On the basis of examination, and/or investigation, in my opinion, death occurred at the time, date and place, due to the cause(s) and manner stated.

31a. (Signature and Title of Certifier) ►	31b. DATE SIGNED (mm/dd/yyyy) 4-25-5	32. TIME OF DEATH (24 hr.) 1641 hrs	33. MEDICAL EXAMINER'S CASE NUMBER
34a. LICENSE NUMBER (of Certifier) ME 84596	34b. CERTIFIER'S NAME Emmanuel Zervos MD	35. NAME OF ATTENDING PHYSICIAN (If other than Certifier)	
36a. CERTIFIER'S - STATE Florida	36b. CITY OR TOWN Tampa	36c. STREET ADDRESS P. O. Box 1289	36d. ZIP CODE 33601
37. SUBREGISTRAR - Signature and Date ►	38a. LOCAL REGISTRAR - Signature ►	38b. DATE FILED BY REGISTRAR (Mo., Day, Yr.) APR 2 9 2005	

VOID IF ALTERED OR ERASED

MAY 05 2005

Susan Perez
CHIEF DEPUTY REGISTRAR

THE ABOVE SIGNATURE CERTIFIES THAT THIS IS A TRUE AND CORRECT COPY OF THE OFFICIAL RECORD ON FILE IN THIS OFFICE.

WARNING: THIS DOCUMENT IS PRINTED OR PHOTOCOPIED ON SECURITY PAPER WITH A WATERMARK OF THE GREAT SEAL OF THE STATE OF FLORIDA ON THE FRONT, AND THE BACK CONTAINS SPECIAL LINES WITH TEXT AND SEALS IN THERMOCHROMIC INK.

FLORIDA DEPARTMENT OF HEALTH

DOH FORM 1946 (02-04)

P15Z6994 CERTIFICATION OF VITAL RECORD