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
3405 61ST STREET EAST
PALMETTO FL 34221

Mailing Address
3405 61ST STREET EAST
PALMETTO FL 34221

1st MOORE CR2E034 (10/05)

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

3. Mailing Address
Suite, Apt. #, etc.
City & State
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
~~FENIMORE, BRENDA C~~ DECEASED 4/22/05 (SEE COPY)
3405 61ST STREET EAST
PALMETTO FL 34221

7. Name and Address of New Registered Agent
Name: DANIEL J. FENIMORE
Street Address (P.O. Box Number is Not Acceptable): 3405 61ST ST. EAST
City: PALMETTO, FL 34221 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: [signature] - 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

TITLE	PTSM	☑ Delete
NAME	FENIMORE, BRENDA C	
STREET ADDRESS	3405 61ST STREET EAST	
CITY-ST-ZIP	PALMETTO FL 34221	
TITLE	VC	☐ Delete
NAME	FENIMORE, DANIEL ~~C~~ J.	
STREET ADDRESS	3405 61ST STREET EAST	
CITY-ST-ZIP	PALMETTO FL 34221	
TITLE	D	☐ Delete
NAME	FENIMORE, JESSICA	
STREET ADDRESS	3405 61 ST E.	
CITY-ST-ZIP	PALMETTO FL 34221	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P-M	☑ Change ☐ Addition
NAME	DANIEL J. FENIMORE	
STREET ADDRESS	3405 61ST ST. E.	
CITY-ST-ZIP	PALMETTO, FL 34221	
TITLE	V.T.S	☑ Change ☐ Addition
NAME	JESSICA L. FENIMORE	
STREET ADDRESS	3405 61ST ST. E.	
CITY-ST-ZIP	PALMETTO, FL 34221	
TITLE	D	☐ Change ☑ Addition
NAME	BRITTANY A. FENIMORE	
STREET ADDRESS	3405 61ST ST. E.	
CITY-ST-ZIP	PALMETTO, FL 34221	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: [signature] - 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

TYPE IN PERMANENT BLACK INK

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

DEMOGRAPHIC INFORMATION TO BE COMPLETED BY FUNERAL DIRECTOR

1. DECEDENT'S NAME (First, Middle, Last, Suffix): Brenda C. Fenimore
2. SEX: Female
3. DATE OF BIRTH (Month, Day, Year): June 21, 1963
4a. AGE-Last Birthday (Years): 41
4b. UNDER 1 YEAR: Months / Days
4c. UNDER 1 DAY: Hours / Minutes
5. DATE OF DEATH (Month, Day, Year): April 22, 2005
6. SOCIAL SECURITY NUMBER: 287-60-3419
7. BIRTHPLACE (City and State or Foreign Country): Plainsville, Ohio
8. COUNTY OF DEATH: 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): Tampa General Hospital
11a. CITY, TOWN, OR LOCATION OF DEATH: Tampa
11b. INSIDE CITY LIMITS? X Yes ___ No
12. MARITAL STATUS (Specify): X Married ___ Married, but Separated ___ Widowed ___ Divorced ___ Never Married
13. SURVIVING SPOUSE'S NAME (If wife, give maiden name): Daniel Fenimore
14a. RESIDENCE - STATE: Florida
14b. COUNTY: Manatee
14c. CITY, TOWN, OR LOCATION: Palmetto
14d. STREET ADDRESS: 3405 61st Street East
14e. APT. NO.:
14f. ZIP CODE: 34221
14g. INSIDE CITY LIMITS? ___ Yes X No
15a. DECEDENT'S USUAL OCCUPATION (Indicate type of work done during most of working life.) Do not use "Retired": Realtor
15b. KIND OF BUSINESS/INDUSTRY: 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.)
___ 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
19. WAS DECEDENT EVER IN U.S. ARMED FORCES? ___ Yes X No
20. FATHER'S NAME (First, Middle, Last, Suffix): James LeRoy
21. MOTHER'S NAME (First, Middle, Maiden Surname): Lorraine Elbon
22a. INFORMANT'S NAME: Daniel Fenimore
22b. RELATIONSHIP TO DECEDENT: Spouse
22c. INFORMANT'S MAILING - STATE: Florida
23b. CITY OR TOWN: Palmetto
23c. STREET ADDRESS: 3405 61st Street East
23d. ZIP CODE: 34221
24. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Manasota Memorial Crematory
25a. LOCATION - STATE: Florida
25b. LOCATION - CITY OR TOWN: 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: ▶ [signature]
28. NAME OF FUNERAL FACILITY: Mansion Memorial Park & Funeral Home
29a. FACILITY'S MAILING - STATE: Florida
29b. CITY OR TOWN: Ellenton
29c. STREET ADDRESS: 1400 36th Avenue East
29d. ZIP CODE: 34222

MEDICAL CERTIFIER

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) ▶ [signature]
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 64596
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 ▶ [signature]
38b. DATE FILED BY REGISTRAR (Mo., Day, Yr.): APR 2 9 2005

State of Florida, Department of Health, Vital Statistics

VOID IF ALTERED OR ERASED

VOID IF ALTERED OR ERASED

MAY 0 5 2005

[signature]
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)

R1576994 CERTIFICATION OF VITAL RECORD