

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P98000092875

1. Entity Name

JOMARO INVEST, INC.



FILED
Mar 21, 2007 08:00 AM
Secretary of State

Principal Place of Business
6801 LAKE DEVON WOOD DRIVE
FORT MYERS FL 33908
US

Mailing Address
6801 LAKE DEVON WOOD DRIVE
FORT MYERS FL 33908
US



2. Principal Place of Business - No P.O. Box #

6801 LAKE DEVON WOOD DR.

Suite, Apt. #, etc.

3. Mailing Address

6801 LAKE DEVON WOOD DR.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/06)

City & State
FT. MYERS

City & State
FT. MYERS

4. FEI Number 65-0636964

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

Zip
33908

Country
LEE

Zip
33908

Country
LEE

6. Name and Address of Current Registered Agent

WOLFF, ESQ., CASEY
801 ANCHOR RODE DR
STE 203
NAPLES FL 34103

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

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

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, 2007 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 D ☐ Delete
NAME ZINSBERGER, JOSEF
STREET ADDRESS 6801 LAKE DEVON WOOD DR
CITY- ST- ZIP FORT MYERS FL 33908

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

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CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME 000000674161
STREET ADDRESS 03/29/07-80057-015 150.00
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
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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:

J. Zinsberger JOSEF ZINSBERGER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03-16-07

Date

239-482-5552

Daytime Phone *