


FILED
Aug 14, 2008 8:00 am
Secretary of State

08-14-2008 90001 036 ***150.00

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P99000022078 1. Entity Name WEHBE JAMMIN, INC.	
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Principal Place of Business P.O. BOX 141858 GAINESVILLE, FL 32014	Mailing Address P.O. BOX 141858 GAINESVILLE, FL 32014
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DO NOT WRITE IN THIS SPACE

40115400



07282008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3564340	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent: WEHBE, FREDDIE 2308 SW 13TH ST #510 GAINESVILLE, FL 32608 <i>wehbe Freddie 2618 SW 14th Dr Gainesville, FL 32608</i>	DO NOT WRITE IN THIS SPACE
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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 _____ (NOTE: Registered Agent signature required when re-appointing) DATE _____

**FILE NOW!!! FEE IS \$150.00
Due by September 12, 2008**

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

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSVT WEHBE, FREDDIE <i>wehbe Freddie PO Box 141858 Gainesville, FL 32614</i>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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**DO NOT WRITE
IN THIS SPACE**

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 CHAIRMAN, OFFICER OR DIRECTOR

8-11-08

Daytime Phone #

352-284-3783