

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

APPROVED  
AND  
FILED

07 APR 26 AM 9:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*FSL*



04102007 No Chg-P CR2E034 (11/05)

DOCUMENT # P99000056755

1. Entity Name

JARS OF TALLAHASSEE, INC.



Principal Place of Business

1311 JACKSON BLUFF ROAD  
TALLAHASSEE, FL 32304 US

Mailing Address

P.O. BOX 20438  
TALLAHASSEE, FL 32316

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-3584239	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

MANAUSA, DANNY  
3520 THOMASVILLE RD.  
TALLAHASSEE, FL 32308-3461

**DO NOT WRITE  
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

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**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	KASPER, JOSH
STREET ADDRESS	1136 GATESHEAD CIR
CITY-ST-ZIP	TALLAHASSEE, FL 32317
TITLE	VP
NAME	KASPER, ROBERT
STREET ADDRESS	999 OLD FARM RD.
CITY-ST-ZIP	TALLAHASSEE, FL 32311
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

900101230909  
05/02/07--01051--006 \*\*150.00

**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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/07

Date

850-528-1898

Daytime Phone #