2008 FOR PROFIT CORPORATION

ann.

SIGNATURE AND TYPED OR PRINTED

SIGNATURE:

Mar 24, 2008 8:00 am Secretary of State ANNUAL REPORT DOCUMENT # P99000064945 03-24-2008 90066 026 ***158.75 1. Entity Name JARVIS CONSULTING & INVESTMENTS, INC. Principal Place of Business Mailing Address 4941-BOOKELIA CIRCLE 2908 WEST 113TH ST. BRADENTON, FL-34203 LEAWOOD, KS 66211-3100 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 6597 Nicolaus Blyd Suite, Apt. #, etc. Suite, Apt. #, etc. 02182008 CR2E034 (12/06) Chg-P 井 1002 City & State 4. FEI Number City & State Applied For Naples 65-0932167 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired -USA Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent BARBOSA, PAUL R 4941 BOOKELIA CIRCLE BRADENTON, FL 34203 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. **\$5.00** May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2008 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE Change ☐ Addition JARVIS, TERRANCE NAME NAME STREET ADDRESS 2908 W, 113TH ST STREET ADDRESS CITY-ST-ZIP LEAWOOD, KS 66211 CITY-ST-7IP VΡ TITLE Delete. **С** Спалде TITLE ■ Addition Alexander Jarvis 2908 west 113th St. JARVIS, DIANE D NAME NAME STREET ADDRESS 2908 WEST 113TH STREET STREET ADDRESS Leawood, Ks. 66211 CITY-ST-ZIP **LEAWOOD, KS 66211** CITY-ST-702 TITLE Delete RILE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CiTY-ST-ZIP 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.

FILED

Daytime Phone #