

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT.

**FILED**  
**Jan 26, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # P99000075324**

1. Entity Name  
**JASMINE PROPERTIES INC.**



Principal Place of Business  
**C/O SWOPE LAMBERSON  
8955 FONTANA DEL SOL WAY  
NAPLES, FL 34109**

Mailing Address  
**C/O SWOPE LAMBERSON  
8955 FONTANA DEL SOL WAY  
NAPLES, FL 34109**



**DO NOT WRITE IN THIS SPACE**

01162007 No Chg-P CR2E034 (11/05)

4. FEI Number  
**59-3594593**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**LAMBERSON, JANE  
8955 FONTANA DEL SOL WAY  
NAPLES, FL 34109**

**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

000000605630  
01/30/07-80046-006 150.00

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PVST  
LAMBERSON, JANE  
8955 FONTANA DELSOL WAY  
NAPLES, FL 34109**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

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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:**

*CRANE E LAMBERSON, President 11/7/07 (239) 262-0170*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #