## -2008 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

## Mar 04, 2008 8:00 am Secretary of State DOCUMENT # S06381 03-04-2008 90016 016 \*\*\*150.00 JENWAR, INC. Principal Place of Business Mailing Address 604 DRUID RD., E. CLEARWATER FL 33756 604 DRUID RD., E. CLEARWATER FL 33756 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/07) City & State City & State 4. FEI Number Applied For 59-3029794 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name JONASSEN, WILLIAM S 604 DRUID RD., E. Street Address (P.O. Box Number is Not Acceptable) CLEARWATER FL 33756 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, typed or printed name of regimenau steil Ambicacie (Navi E. Registered Agont signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2008 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE D Delete TITLE ☐ Change ☐ Addition JONASSEN, WILLIAM S NAME NAME STREET ADDRESS 604 DRUID RD., E. STREET ADDRESS CLEARWATER FL 33756 CITY-ST-7P CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME SMITH, B. WARREN STREET ADDRESS 350 MEHLENBACHER RD STREET ADDRESS CITY-ST-ZIP CLEARWATER FL 33756 CITY-ST-78P TITLE Defete TITLE Change ■ Addition SMITH, BETTY ANN NAME STREET ADDRESS 350 MEHLENBACHER RD STREET ADDRESS City-St-58 CLEARWATER FL 33756 CITY-ST-ZIP Belleair, Florida THE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-74P ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY - ST - ZIP TITLE ☐ Delete TITLE □ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P

12. Thereby 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 The boy define the months opposed with this ming does not quality or the executed and control and executed and that my signature shall have the same legal effect as if made under oath; that an an efficer 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 empo

SIGNATURE:

FILED