

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # V16534

1. Entity Name  
JENLIN, INC.



Principal Place of Business  
4471 COMMERCIAL WY  
SPRING HILL, FL 34606

Mailing Address  
11089 SRING HILL DR  
SPRING HILL, FL 34608

**FILED**  
**May 02, 2008 08:00 AM**  
**Secretary of State**



03252008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-3108383

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional  
Fee Required

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

MASON, JOSEPH M., JR.  
101 SOUTH MAIN STREET  
BROOKSVILLE, FL 34601

**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, 2008 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 CAVANAGH, CATHLEEN R  
STREET ADDRESS 9870 BAYSIDE COURT  
CITY-ST-ZIP SPRING HILL, FL 34608

TITLE VP  
NAME MASSON, THOMAS  
STREET ADDRESS 98 FORESTWOOD COURT  
CITY-ST-ZIP SPRING HILL, FL 34609

TITLE ST  
NAME MASSON, SUSAN  
STREET ADDRESS 98 FORESTWOOD COURT  
CITY-ST-ZIP SPRING HILL, FL 34609

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U00000945434  
05/30/08-80008-007 150.00

**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 all other like empowered

SIGNATURE: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #