

2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P17000034092

Entity Name: JASDAR INC.**Current Principal Place of Business:**11224 TAMIAMI TRL N
NAPLES, FL 34110**Current Mailing Address:**11224 TAMIAMI TRL N
NAPLES, FL 34110 US**FEI Number:** 82-1184738**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**WALLER, JAMES M
11224 TAMIAMI TRL N
NAPLES, FL 34110 US*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.***SIGNATURE:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	DIR
Name	WALLER, JAMES M
Address	11224 TAMIAMI TRL N
City-State-Zip:	NAPLES FL 34110

Title	DIR
Name	WALLER, DARLENE T
Address	11224 TAMIAMI TRL N
City-State-Zip:	NAPLES FL 34110

Title	P
Name	WALLER, JAMES M
Address	11224 TAMIAMI TRL N
City-State-Zip:	NAPLES FL 34110

Title	VP
Name	WALLER, DARLENE T
Address	11224 TAMIAMI TRL N
City-State-Zip:	NAPLES FL 34110

Title	SEC
Name	WALLER, JAMES M
Address	11224 TAMIAMI TRL N
City-State-Zip:	NAPLES FL 34110

Title	TRE
Name	WALLER, DARLENE T
Address	11224 TAMIAMI TRL N
City-State-Zip:	NAPLES FL 34110

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: JAMES WALLER**PRES****02/07/2018**_____
Electronic Signature of Signing Officer/Director Detail_____
Date